



P.O. Box 3572 Valdez, AK 99686 907.835.8885
Office Location: State Office Bldg. Meals Ave. Valdez, AK

Assent and Waiver Form

I, _____, as the parent/

guardian of _____, hereby agree to allow him/her to participate in the Valdez Youth Court program. I acknowledge that he/she is a volunteer of the program, and agree to the fullest extent allowable, under the laws of Alaska, that I absolve of all liability and waive all claims against the Valdez Youth Court, and any of its directors, staff, or volunteers for any reason that may arise in way from his/her participation in Valdez Youth Court events or meetings.

Dated this _____ day of _____, 20____.

Parent/Guardian: _____
Signature

Printed Name: _____

Day Phone Number: _____

Evening Phone Number: _____

Please list two emergency contacts below:

Name	Address	Phone
_____	_____	_____
_____	_____	_____

Please circle: I do / do not consent to have my child's name or photograph appear on Youth Court social media pages.
