

MENTEE APPLICATION

Name _____

Birthdate _____

Ethnicity _____

Address _____

City/State/Zip _____

Name of School _____

Name of Parent/Guardian _____

Home Phone _____

Emergency Number for Parent/Guardian _____

Parent Consent Form

I, (Printed Name of Parent/Guardian) _____ ,
give permission for my student (Printed Name of Student)

_____ to participate in the Man-Made Mentoring Program. I understand that my student will meet regularly with Man-Made volunteers and will be transported to different activity sites. I also give permission to Man-Made representatives to review my child's school record for attendance, grades, disciplinary actions, and test scores.

I hereby grant Man-Made Mentoring, and/or its assigns the right to copyright, publish, and use without limitation or reservation the photographs of my student for all lawful purposes of publication, editorial usage, advertising, or stock usage in any media.

It is further agreed that Man-Made, and/or its assigns shall be the absolute owner of the photographs and all negatives, print, and transparencies thereof.

Medical Release:

I, as parent/guardian, hereby consent to emergency medical or hospital service that may be rendered by or at accredited hospitals, by appointed physicians, in the event that such need arises, in the opinion of a duly licensed physician.

Waiver and Indemnity Agreement:

I, as parent/guardian, do hereby for and on behalf of myself and my heirs and legal representatives RELEASE and forever discharge Man-Made, its officers and representatives, from any and all claims, demands and injuries, howsoever arising, in any way related to Man-Made activities, and all such claims are hereby WAIVED AND RELEASED, and I consent not to sue therefore. By signing below, I do hereby agree to INDEMNIFY and hold harmless the Man-Made Program and its representatives from any liability which may incur howsoever arising and whether caused by the negligent or intentional acts of Man-Made and its representatives. I HAVE READ AND UNDERSTAND THE FOREGOING RELEASE AND INDEMNITY AGREEMENT.

Date _____

Signature of Parent/Guardian _____

Please list any special things that you would like the volunteers to know about your child: _____