ICONIC STUDIOS CHARITIES INC
4002 Hwy 78 W
Suite 530-284
Snellville, Georgia 30039

Email: Info@IconicStudios.Org
Office Phone: 678-392-1433
Website:www.IconicStudios.Org

Rooted In Service | Driven By Impact

YOUTH VOLUNTEER PERMISSION & RELEASE FORM

Before your child volunteers:
Please complete this permission slip and submit it in one of the following ways:

✔ ***Print it and send it with your child to the event, or***
✔ ***Upload the completed form through the "Contact Us" section at www.IconicStudios.org***
*at least **72 hours before the event** so we have time to review and confirm participation.*

We cannot allow minors to volunteer without a verified permission slip on file — thank you for helping us create a safe and supported volunteer experience.

SECTION 1 — Minor's Information

Minor's Full Name: _____

Age: _____ ***Date of Birth:*** _____

Phone (if applicable): _____

Email (optional): _____

SECTION 2 — Parent/Guardian Information

Parent/Guardian Full Name: _____

Relationship to Minor: _____

Primary Phone Number: _____

Email Address: _____

Secondary/Emergency Contact Name: _____

Emergency Contact Phone: _____

SECTION 3 — Event/Activity Authorization

I authorize my child to participate as a volunteer with Iconic Studios Charities Inc. for the following event(s):

Event Name(s): _____

Event Date(s): _____

SECTION 4 — Parent/Guardian Permissions & Agreements

I, the parent or legal guardian of the above-named minor, agree to the following terms:

1. Agreement to All Volunteer Terms

I have reviewed and agree that my child will be bound by the volunteer agreements used by Iconic Studios Charities Inc., including:

- *Liability & Conduct Agreement*
- *Assumption of Risk*
- *Photo/Video Consent (as indicated below)*
- *Medical Consent & Emergency Authorization*
- *Agreement to Follow Staff Directions*
- *Communication Agreement*

I understand these agreements apply to all volunteer activities conducted by Iconic Studios Charities Inc.

2. Voluntary Participation

I understand and acknowledge that:

- *My child is participating voluntarily and without compensation.*

- *My child may perform tasks such as walking long distances, interacting with large crowds, assisting with setup/breakdown, distributing items, participating in outdoor activities, and engaging in physical tasks.*

3. Assumption of Risk

I understand that volunteer service may include risks such as:

- *Weather exposure (heat, cold, rain, wind)*
- *Loud noises, flashing or strobe lights*
- *Uneven terrain, steps, curbs*
- *Proximity to moving vehicles or equipment*
- *Large or crowded public settings*

I voluntarily assume all associated risks on behalf of my minor child.

4. Medical Authorization

In the event of an accident, injury, or medical emergency involving my child, I authorize Iconic Studios Charities Inc. and its Staff to obtain medical care deemed necessary.
I understand that I am responsible for any medical expenses incurred.

5. Supervision & Transportation

I understand that:

- *Iconic Studios Charities Inc. provides appropriate supervision during volunteer activities.*
- *The organization is **not responsible** for my child outside the designated event times or locations.*
- *I am responsible for providing or arranging transportation and ensuring timely drop-off and pick-up.*

6. Photo/Video Consent

Please select one:

☐ *I DO give permission for my child's image to be photographed or recorded and used*

☐ *I DO NOT give permission for my child's image to be used.*

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7. Conduct Expectations

I understand that Iconic Studios Charities Inc. reserves the right to remove any volunteer, including minors, whose behavior is unsafe, disruptive, or violates event policies.

SECTION 5 — Signatures

Parent/Guardian Signature: _____

(Typed or digital signature acceptable for electronic submission)

Printed Name: _____

Date: _____

SECTION 6 — Optional Attachment (If Applicable)

If required by school, program, or court, attach official documentation here:

- *School service verification form*
- *Program/scholarship documentation*
- *Community service paperwork*
- *Court-required service approval*

SECTION 7 — For Office Use Only (Staff Section)

(To be completed by Iconic Studios Charities Inc.)

Verified by: _____ *Date Received:*_____

Phone Verification Completed: ☐ *Yes* ☐ *No* *Approved for Participation:* ☐ *Yes* ☐ *No*