



In consideration of being given clearance to work as a volunteer for Children's PEACE Center, Inc., a nonprofit organization, I accept sole responsibility for any injury that my child may incur during the time he/she is working on property owned or operated by Children's PEACE Center, Inc. or on properties being used for special events or during the time he/she is working for the organization. By signing this application, I further release Children's PEACE Center, Inc. and their staff, employees, volunteers, and/or agents from any claims or causes of action which may arise from any accident or injury caused by any reason.

I further, give my consent and authorize the Children's PEACE Center, Inc, it's legal representatives and agents, to use and reproduce any photos, voice, or likeness, of my child taken during his/her work for or with Children's PEACE Center, Inc. for any and all official resource, use or purpose including but not limited to print, film, or electronic media and reproduction or digital representation of every description on the internet/world wide web, or print form, as allowed by law. (A copy of any such photo and/or voice representation will be provided to me if I request same.)

I further understand that any written, drawn, built or otherwise developed project, program, idea, drawing, or design that my child or I create for Children's PEACE Center, Inc. while working as a volunteer of Children's PEACE Center, Inc., is immediately and irrevocably copyrighted by, and becomes the property of Children's PEACE Center, Inc, it's successors or assignees, and I/we forfeit all right, title, and interest, including all copyrights, in and to the work done. I/we also warrant that all work developed, created, and provided to Children's PEACE Center, Inc. are original and have not been copied in whole or in part from any other work, and that Children's PEACE Center, Inc. has the right to use or refuse to use any work that is developed.

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Job/Opportunity: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Child's Signature: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name and Phone number of emergency contact: \_\_\_\_\_

For CPC Use only = Background Check Completed Yes <input type="checkbox"/> No <input type="checkbox"/> Passed <input type="checkbox"/> ?
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