

Parental Release Form and Emergency Contacts

Wareham Community television, Inc.
505 Main Street
PO 446
Wareham, MA 02571

Name of Minor _____

Name of Parent / Guardian _____

Emergency contact Numbers

Home telephone Number

Work Telephone Number

Cell Phone Number

I, _____, the parent or guardian of

_____, (name of minor), hereby give permission for this minor to participate in activities associated with Wareham Community Television, Inc. (WCTV).

I confirm that the minor is a volunteer participating in the activities organized by WCTV. I agree to indemnify and hold harmless WCTV, their agents, officers, employees and volunteers from all claims of injury to persons or property arising in (name of minor) _____'s participation in any WCTV program or while on WCTV property or in the use of any WCTV equipment.

Signature of Parent / Guardian _____

Date _____