



*The School for Ethical Education*  
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**Student Activists for Service-learning**  
**Parent/Guardian Permission and Release Waiver**  
**09-10 School Year**

Dear Parent or Guardian:

The School for Ethical Education (SEE) has invited your child to take part in a program entitled *Student Activists for Service-learning: Youth Leadership Board (SASL)*. Please do not hesitate to call the SASL Youth Advisor, Linda Chaffin, at any time you have a question.

SEE is a non-profit, non-sectarian organization whose mission is to encourage learning experiences that foster positive and ethical decisions. Student Activists for Service-learning members learn leadership skills and build character through working on a service-learning project, which encourages teachers to use service-learning as a teaching and methodology.

For adequate consideration, as parent or legal guardian of (child's name) \_\_\_\_\_, I grant to the School for Ethical Education unqualified and irrevocable permission to photograph, videotape, or record in any form my child's or ward's image and voice as well as to create transcriptions of my child's or ward's voice arising from video, pictures or audio recordings created for the sole purpose of promoting the Student Activists for Service-learning activities. Such photos or recordings may be created strictly for advancing the service-learning work of The SASL Board, including use of materials in internal documents, promotional materials, audiovisual works, and display by any means including the Internet, at any time in the future.

Additionally, I grant The School for Ethical Education unqualified and irrevocable permission to use my child's or ward's name in conjunction with the aforementioned photographs, videotapes, recordings, and transcriptions.

I hereby release The School for Ethical Education from any and all claims of any kind resulting from the use of the aforementioned recordings and transcriptions of my child's or ward's image, voice, and

property including but not limited to, any and all claims of damages for libel, slander, invasion of the right of privacy.

I understand that my student will arrange his/her own transportation to regular meetings and on occasion drive with staff from The School for Ethical Education. My signature below notes that I will hold harmless The School for Ethical Education and its staff in the event of an accident or injury while traveling.

Additionally, there may be times in which your child may be attending a special event and not be at the regular meeting space. This permission grants that the student may attend these special events with your oral (telephone) agreement.

**Parent Release:**

I am of lawful age and have read and understand this Authorization, Assignment and Release. By signing this form we acknowledge that we have read and understand the above statement. With the following signatures, we approve the participation of our son/daughter in the activities and travel associated with The Student Activists for Service-learning, a program of The School for Ethical Education.

*Parent/Guardian Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

*Student Signature* \_\_\_\_\_

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

Please include city, state and zip code.

*Phone:* \_\_\_\_\_

*Emergency Contact:* \_\_\_\_\_

*Stipulations:* \_\_\_\_\_

\_\_\_\_\_

*SEE does not intend to include the above home information in any reports created from this document.*