

=SINCE 1991=
THE SCRAP EXCHANGE
CREATIVE REUSE ARTS CENTER
2050 CHAPEL HILL RD.
DURHAM, NC 27707



THE SCRAP
EXCHANGE

Volunteer Permission Slip (required for volunteers under the age of 18)

Name _____

Address _____

City, State, Zip _____

Cell Phone _____ DOB _____

Parent Email Address _____

Grade/School _____

Emergency Contact Person: _____

Relationship: _____ Phone Number: _____

Please indicate if your child has any special concerns that we need to be aware of, e.g., allergies:

I give permission for my son/daughter _____ to participate as a volunteer at The Scrap Exchange I do hereby accept full responsibility for any and all liability resulting from these activities. I further agree not to hold The Scrap Exchange liable for any injury sustained by my child. I also give permission for The Scrap Exchange staff to take photos and other visual and/or audio recordings of my child and consent of releasing and showing the materials as they deem appropriate.

Signature of Parent/Legal Guardian Date