



OPERATION SCHOOL BELL®

PARENT CONSENT AND RELEASE FORM

I, as parent/guardian of _____ give my permission for my child to accompany a school staff member or volunteer to OPERATION SCHOOL BELL® sponsored by ASSISTANCE LEAGUE® of Boise, 5831 Glenwood, Garden City, Idaho 83714. I understand my child will be away from school for approximately two hours.

OPERATION SCHOOL BELL stocks new clothing in child sizes 4-20 and a few adult sizes. Your child will receive the following as long as sizes remain available:

- 2 pairs of jeans
- 2 tee shirts
- 6 pair of socks
- a one-time shopping card for one pair of shoes at a Payless Shoe Store
- 1 kit containing a toothbrush, toothpaste and other hygiene items
- 1 sweat shirt
- 1 winter jacket
- 5/6 pair of underwear

I understand ASSISTANCE LEAGUE of Boise provides this service free of charge.

I further assume all risks and hazards incidental to such participation and all activities on their premises and agree to waive, release, indemnify and hold harmless ASSISTANCE LEAGUE of Boise organization, its officers, organizers, volunteers, and participants from any and all claims relating to this activity.

I hereby grant my consent for my child's participation in OPERATION SCHOOL BELL.

Parent/Guardian Signature

Date

Attention School: **Retain this Permission Form in your files.**

*Approved 5/24/05
Logo Updated 7/27/05
Quantity updated 7/6/06
Updated 7/17/07*