PARENTAL PERMISSION/CONSENT

Dear Parent/Guardian:

I am/we are from the Office of the Maryland Secretary of State. My/our contact information is located at the bottom of this letter.

This is a consent form for your child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert name), to participate in the Office of the Maryland Secretary of State’s Student Civics Program. This program will take place in your community and the surrounding area, as well as virtual monthly meetings. The program will last one full semester (either October through December or March through May).

This program is designed to encourage student engagement in Maryland civics, promote voter registration and election judge recruitment among their peers, as well as highlighting other civic volunteer opportunities in their communities. The Secretary of State’s Student Civics Program is designed for 9th to 12th grade students.

If your child participates in this program, they will have the option to complete various civic engagement activities of their choosing, which may include but are not limited to, hosting a voter registration drive, attending community meetings, or becoming a page in the Maryland General Assembly Page Program for high school seniors. These activities are not directly monitored by the Office of the Maryland Secretary of State and would be self-reported by your child.

Information related to your child as a participant in this program will be kept confidential. Photos that are sent in for points as a part of this program will not be shared.

Your child’s participation in this program is completely voluntary. Your decision whether or not to allow your child to participate will not affect your or your child’s relationship with the Office of the Maryland Secretary of State. Only those who have parental permission and who want to participate will do so, and any child may stop taking part at any time. You are free to withdraw your permission for your child’s participation at any time and for any reason by contacting us below.

You are encouraged to keep a copy of this document for your records. Email to Michael.Lore@maryland.gov to submit and get the link for the orientation.

If you have any questions about this program, please contact me directly.

Sincerely,



 Michael Lore

Deputy Secretary of State

**PARENT PERMISSION/WAIVER OF LIABILITY/PHOTO RELEASE FORM**

**PARENT/GUARDIAN PERMISSION:**

**I DO / DO NOT (circle one) give permission for my child (name of child) to participate in the Office of the Maryland Secretary of State’s Student Civics Program to promote youth engagement in local civics related opportunities.**

**The Office of the Maryland Secretary of State is hosting a Student Civics Program, which will consist mainly of virtual meetings and with the possibility of on-site programming. While the Office of the Maryland Secretary of State will take all precautions to protect every child against injury the undersigned is aware that there are certain inherent risks when participating in any physical activity and there is always a possibility of an accident.**

**Parent/Guardian’s Initials \_\_\_\_\_\_\_ Parent/Guardian’s Initials \_\_\_\_\_\_**

 **WAIVER OF LIABILITY**

In consideration of the Office of the Maryland Secretary of State allowing my child to participate and be involved in the Student Civics Program and related activities, I, the undersigned, on behalf of myself, my executors, administrators, heirs, next of kin, and successors, do hereby release, forever discharge and agree to hold harmless and indemnify the State of Maryland and Office of the Maryland Secretary of State, their agents and employees, from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expense, of any nature whatsoever which may be incurred by the undersigned and/or the youth participant while involved in the Student Civils Program and related activities.

 I, on behalf of myself and my minor child, hereby assume all risk of accidental personal injury,
sickness, death, damage, and expense as a result of participation in the Student Civics Program and related activities involved therein.

 **I HAVE READ AND UNDERSTAND THE ABOVE WAIVER OF LIABILITY/HOLD
 HARMLESS CLAUSE, AND BY MY SIGNATURE BELOW, I AGREE TO THE
 TERMS AND GRANT MY CHILD PERMISSION TO PARTICIPATE.**

Parent/Guardian’s Initials \_\_\_\_\_\_\_\_\_ Parent/Guardian’s Initials \_\_\_\_\_\_\_\_

**PARENT PERMISSION/WAIVER OF LIABILITY/PHOTO RELEASE FORM**

**PHOTO/IMAGE RELEASE:** I**,** the undersigned do grant the Office of the Maryland Secretary of State and its authorized representatives permission to utilize digital images, printed images, likeness and video recorded images (hereinafter “ images” ) taken of my child, in Office of the Maryland Secretary of State publications, including, but not limited to, printed and electronic publications and publicly accessible social media websites, for promotional, commercial or any other purpose, in any media whether now known or hereafter created without any additional consideration. I also understand and agree that the use of such images will be without compensation to my child or me.

 Parent/Guardian’s Initials \_\_\_\_\_\_\_\_\_ Parent/Guardian’s Initials\_\_\_\_\_\_\_\_\_

 Participant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_

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

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_

 Participant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(Parent/Guardian Signature Required if participant is under 18 years old.)***

Parent/Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Work Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Work Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_