

# Helping Our Neighbors In Need



**District Council of Madison, Inc., Society of St. Vincent de Paul  
Madison SVdP Youth Service Council**

Food Pantry Consent Waiver

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name of School: \_\_\_\_\_ Year in School (2024-2025): \_\_\_\_\_

Parent Name(s): \_\_\_\_\_ Parent Email: \_\_\_\_\_

Emergency Phone Number(s) for Parent(s)/Guardian(s): \_\_\_\_\_

**Consent & Liability:**

I, (name of parent/guardian) \_\_\_\_\_, grant permission for my child, (participant's name) \_\_\_\_\_, to participate in volunteering with the food pantry operated by the District Council of Madison, Inc. – Society of St. Vincent de Paul. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Society of St. Vincent de Paul, any related parish/school (its pastor, youth minister, principal, other agents, etc.) and any representatives associated with this activity unless the parties involved were careless or negligent.

\_\_\_\_\_  
(parent/guardian signature)

\_\_\_\_\_  
(date)

**Photography Consent:**

As parent/guardian, I understand that promotional pictures and/or videos (individual and group) may be taken during activities associated with the District Council of Madison, Inc. – Society of St. Vincent de Paul. I give permission for my child's image to be used for promotional materials (newsletter, web page, Facebook page, presentations, videos, etc.) highlighting the organization and its activities.

\_\_\_\_\_  
(parent/guardian signature)

\_\_\_\_\_  
(date)

**Participants in this activity must be a minimum of 14 years of age.**