



## TEEN COURT PROGRAM

# VOLUNTEER PERMISSION FORM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ DOB: \_\_\_\_\_

### Waiver

I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_, hereby give my child permission to participate in Teen Court. I further agree to hold the Teen Court Coordinator, Clerk of the Circuit Court, County of Lake, City of Tavares, School Board of Lake County, Fifth Judicial Circuit, and their employees, agents and representatives, harmless from any and all liability and against any and all claims, of whatsoever nature and kind, whether it be for injury, loss or damage to persons, property or otherwise, arising out of or in connection with Teen Court.

\_\_\_\_\_  
Signature of child

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Printed name

Please return to: Stephanie Glass, Teen Court Coordinator  
P.O. Box 7800  
Tavares, FL 32778-7800

Phone: 352-343-9744

Fax: 352-343-9896