

Voices of Our Elders Student Permission Slip

Please complete this form and present it to Rob Levit, or mail it to him at Creating Communities

c/o Rob Levit
139 Jefferson Street
Annapolis MD 21403

Forms must be completed and signed prior to beginning work/interviews!

I give permission to my child, _____ to participate in the Voices of Our Elders Project with the nonprofit organization, 2C – Creating Communities.

I also agree and fully understand that Creating Communities and its employees, agents, directors, board members and associated participants holds harmless and not liable for any injury, accident or damage causing event related to Voices of Our Elders and any program of Creating Communities. I also understand and give permission for my child's photo/video to be used in any appropriate manner for promotion and continuation of Voices of Our Elders, including media outlets. I understand that my child will be helping to document pivotal stories in the lives of World War II and Holocaust survivors living in Anne Arundel County. As part of the project, my child will make personal site visits and interview at least two vets and survivors; write up the interviews as narratives; and help collect materials pertaining to this historical documentation. The final goal of the project is to create a free, easily accessible resource that houses these stories, along with MP3 interview excerpts, videos, and photos. The interviews, data and intellectual property acquired becomes the property of Creating Communities to be used in any way appropriate for the promotion and continuation of Voices of Our Elders and associated projects including media and internet outlets. I am aware that my child will not be compensated financially for this important contribution. However, they will be acknowledged on the website/ceremonies. They will also receive credits for volunteer service hours through 2C upon completion of their interviews, narratives, and scanning of materials for website placement.

Student Signature	Parent Signature	Date
-------------------	------------------	------

Child's Birth Date: _____

Address: _____

Telephone number: () _____ - _____

Email: _____

School Name: _____ Grade: _____

City: _____

Emergency Phone and Contact: _____