

HDGA Street Crew

Parent / Guardian Permission & Consent Form Historic Downtown Gresham Association (HDGA)

Participant Information

Participant Name: _____
Date of Birth: _____ Age: _____
School (if applicable): _____

Parent / Guardian Information

Parent/Guardian Name: _____
Phone Number: _____
Email Address: _____

Emergency Contact (if different):

Name: _____
Phone: _____

Media Release

HDGA may take photographs or video during events for promotional and marketing purposes.

- I grant permission for my child's image to be used
- I do NOT grant permission for my child's image to be used

Transportation Acknowledgment

I understand that transportation to and from events is the responsibility of the participant and/or parent/guardian unless otherwise stated in writing by HDGA.

Contact Permission

- I grant permission for direct communication with my child through HDGA Approved methods (Text, Email, Calls)
- I do NOT grant permission for direct communication with my child- Communication through parent ONLY

The HDGA Street Crew is a volunteer program offering students (ages 15+) the opportunity to support community events and initiatives in Historic Downtown Gresham. Participants may assist with event setup and teardown, marketing support, street monitoring, logistics, fundraising, and general event operations.

Permission to Participate

I, the undersigned parent/guardian, give permission for the above-named participant to take part in HDGA Street Crew volunteer activities and events. I understand that participation may include:

Indoor and outdoor activities

- Physical tasks such as lifting, carrying, or standing for extended periods
- Working in public event environments with crowds, noise, and changing conditions

Acknowledgment of Risk

I understand that while HDGA takes reasonable precautions to ensure a safe environment, participation in volunteer activities may involve inherent risks, including but not limited to minor injuries, accidents, or unforeseen circumstances. I voluntarily assume these risks and allow my child to participate.

Medical Authorization

In the event of an emergency, I authorize HDGA staff, volunteers, or representatives to seek appropriate medical treatment for my child if I cannot be reached.

Relevant medical information (allergies, conditions, medications): _____

Liability Release

To the fullest extent permitted by law, I release and hold harmless the Historic Downtown Gresham Association (HDGA), its board members, volunteers, partners, and affiliates from any liability, claims, or demands arising from participation in the HDGA Street Crew program.

Code of Conduct Agreement

I understand that participants are expected to:

- Follow instructions from HDGA staff and event leads
- Act respectfully toward the public, vendors, and fellow volunteers
- Arrive on time and fulfill assigned responsibilities

Failure to meet these expectations may result in removal from the program.

Parent / Guardian Signature/Participant (18+)

I have read and understand this form and agree to the terms outlined above.

Signature: _____
Printed Name: _____
Date: _____

HDGA Contact Information

Historic Downtown Gresham Association
Email: Info@HistoricDowntownGresham.org
Phone: 503.308.8839