

**Lifting the Human Spirit by Visiting the Sick (LHSVS)
Parent Form**

I give permission to my child _____ to participate as a volunteer in the Lifting the Human Spirit by Visiting the Sick (“LHSVS”) program sponsored by Team Spirit Institute (“TSI”). I understand that s/he will act responsibly and abide by the rules and regulations of the Symphony of Buffalo Grove (formerly known as “The Claremont Rehab and Living Center”) (“Symphony-BG”) and LHSVS’s rules and regulations.

I authorize the LHSVS program and TSI to photograph, audio and video record my child from time to time in connection with my child’s participation in the LHSVS programs. I understand that such photography and recording may be used for educational, marketing and other publicity (including, but not limited to, posting on TSI’s website, and disseminating – in some cases along with my child’s name - to newspapers and other media sources) purposes for TSI and the Symphony-BG, and TSI and the Symphony-BG are authorized to use such photography and recordings in this manner without limit. I do not claim any compensation in connection with the photos or other recordings.
A facsimile, pdf or other reproduction of this signed-form is valid for these purposes.

Signature of Parent/Legal Guardian_____

Effective as of October 21, 2018