



**STUDENT JUDGE PROGRAM  
PARENT/GUARDIAN CONSENT FORM  
2020 Primary Elections**

I am the parent/guardian of \_\_\_\_\_ (child’s name). I understand that my child has been selected to participate in the Mikva Challenge Student Judge Program. This program involves students directly in the electoral process, as your child will be paid to serve as an Election Judge on **Election Day (March 17, 2020) from 5 am to approximately 9 pm**. He/she will also attend a paid training provided by the Board of Elections that will take place outside of school in the downtown area in February/March. I give permission for my child to participate in all teacher-based Student Judge Program activities sponsored by Mikva Challenge. I understand that all student work produced as part of this program may be featured on the Mikva Challenge website or in other published work. I hereby give permission for my child’s work and full name to be featured in any of Mikva Challenge programs, website, newsletter etc., for as long as the program deems appropriate. I give permission for my child to participate and be interviewed and videotaped on their experience in the program by Mikva Challenge and/or the media. Also, I give permission for photographs of my child to be used in promoting and documenting this program. In consideration of your accepting my child into the above named program, I hereby waive and release for myself, my heirs, executors and administrators, any and all rights and claims for damages against Mikva Challenge and its agents, employees, representatives, successors and assigns for any and all injuries suffered by my child that may arise out of the above named program.

**I authorize my child to participate in the Student Judge Program: (Please print legibly all information)**

**Parent/Guardian Signature**

\_\_\_\_\_ Date \_\_\_\_\_

**Print name of a parent or guardian:**

Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Telephone # (Day) \_\_\_\_\_ Telephone # (Evening) \_\_\_\_\_

**If the above adult cannot be reached, please contact:**

Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Telephone # (Day) \_\_\_\_\_ Telephone # (Evening) \_\_\_\_\_

**The following describes any medical condition of which the Mikva Challenge should be aware of:**

\_\_\_\_\_  
\_\_\_\_\_

**Student Address/Information:**

Street \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_