



Minnesota KidsID

A Child Safety Program

Permission for Child to Participate in the Grand Lodge of Minnesota KidsID Child Safety Program

FULL NAME OF CHILD _____

Please Print

This child is _____ is not _____ sensitive/allergic to LATEX.

I, _____, am the _____ (Relationship) of the above-named child. As parent or legal guardian, I give permission for my child to participate in the Grand Lodge of Minnesota KidsID Child Safety Program. I understand this program may consist of one or more of the following methods of identification:

- 1. Videotape interview with child
- 1. Taking of child's fingerprints
- 2. Cheek Swab (DNA sample to be taken by a health professional)
- 3. Digital "Still" photograph

(NOTE: Please cross out any item for which you do not want your child to participate)
All items collected remain the property of the child/parent(s)/legal guardian(s) and are retained by the same.

I further understand that this safety and identification program is conducted at no charge as a community service and that as the child's parent or legal guardian, I hereby release and discharge the Grand Lodge of Ancient Free and Accepted Masons of Minnesota, its constituent Lodges, organizations and appendant bodies, the Minnesota Sheriffs Association, the Minnesota Dental Hygienists Association, the Minnesota Dental Assistants Association and any other organization participating with the Grand Lodge of Minnesota in the KidsID Child Safety Program, as well as all of their respective officers, directors, committees, delegates, members and associate entities and all participating law enforcement personnel from any and all legal liability, whatsoever, whether based on contract, tort, equity or other claimed right of recovery, related to, arising from or associated with my child's participation in the Grand Lodge of Minnesota KidsID Child Safety Program.

I/we agree to allow my/our child's picture or image to be used for Grand Lodge of Minnesota KidsID Child Safety Program promotional purposes.

Child's Address: _____

Child's Date of Birth: _____

Parent/Legal Guardian: _____

Date Signed: _____

Minnesota KidsID Location: _____ Date: _____