

Soroptimist International San Jacinto-Hemet Valley
GIRL POWER CONFERENCE – MARCH 14, 2020

PARENT/GUARDIAN CONSENT FOR PARTICIPATION

I hereby request and consent that my child or ward, _____, be permitted to attend and participate in the programs and activities of the Soroptimist International San Jacinto-Hemet Valley **Girl Power Conference** on **MARCH 14, 2020**.

I do hereby hold harmless Soroptimist International San Jacinto-Hemet Valley, its directors, officers, and volunteers, and the sponsoring agencies, their officials, divisions and agencies against any and all liability, damage, loss, claims or demands that arise out of or are in any way connected with my child or ward's participation in the conference.

I grant permission for _____ to appear in person or in voice, video or photographic presentation for media reports and/or future publicity campaign(s) resulting from participation in the conference, and also to complete confidential or anonymous surveys for evaluation purposes.

Parent/Guardian Signature: _____ Date _____

Parent Guardian Name (Printed): _____

MEDICAL CONSENT

I understand that medical personnel will not be available at the conference.

I hereby authorize conference staff to obtain medical care for my child or ward in the event of a medical emergency, including making arrangements for special transportation (i.e., by ambulance), should conference staff be unable to reach me in a timely manner. I understand that I am financially responsible for the medical care given.

Parent/Guardian Phone #: _____

In the event of an emergency if you are unable to reach me, contact:

Emergency Contact: _____

Relation: _____ Phone #: _____

This form must be signed and submitted with registration form to
Soroptimist International San Jacinto-Hemet Valley **BEFORE** the deadline.