



### Parental Consent and Release

I give permission for my daughter, \_\_\_\_\_, to attend and participate in the activities of Dream It, Be It: Career Support for Girls, a program of Soroptimist International of the Americas. I agree to the following, intending for me and my child to be legally bound:

1. In case of medical emergency, I grant the facilitators the right to authorize medical care, if I cannot be promptly and readily reached.
2. In the event medical treatment is necessary for my child, I agree to pay all costs associated with such treatment including the cost of emergency medical evaluation and care. I further agree to hold harmless and indemnify Soroptimist/LiveYourDream.org and its volunteers for any costs associated with medical treatment and transportation for my child.
3. I agree that Soroptimist International of Las Cruces is not responsible for any bodily injury, illness or disease, or loss or damage from any cause concerning this program, even in the event of negligence by the club, its members or facilitators. I release and agree to hold harmless Soroptimist/LiveYourDream.org members and facilitators from any liability in connection with the activities of this program.
4. If circumstances change, I will cancel my daughter's reservation at least 48 hours prior to the conference so that a wait-listed girl may attend.
5. I also grant Soroptimist International of Las Cruces permission to use the above-mentioned girl's name, photo, likeness and/or voice for publicity purposes in various formats including, but not limited to, print media, social media, photographs, website, audiovisual, fundraising appeals, ads, etc. Soroptimist shall retain all rights to said materials.
6. This consent and release shall be governed by the law of the State of New Mexico in which Soroptimist International of Las Cruces is located, without regard to its principles on conflicts of laws.

Parent/Guardian Name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact telephone for day of event: \_\_\_\_\_

Signed parent/guardian consent forms may be returned electronically as PDF files to [silascruces@soroptimist.net](mailto:silascruces@soroptimist.net)  
OR mailed to Soroptimist International of Las Cruces, P.O. Box 714, Las Cruces, NM 88004