

Tennessee Association of Student Councils Area Workshop Delegate Release Form

(Copy for each delegate. Please **PRINT** neatly and complete **EVERY** line)

First Name _____ Last Name _____

School _____

Circle: Grade: 6 7 8 9 10 11 12 Gender: F M

E-mail (*PRINT neatly*) _____

Parent signatures required below:

I, the parent/guardian of the above-named student give permission to his/her designated school advisor/chaperone or to a school official from the workshop host school to seek medical attention for my child in the case of an emergency. I agree to accept financial responsibility for this medical treatment. I understand that a reasonable attempt will be made to contact me before medical treatment is sought. I release TASC and school representatives from any and all liability.

Please note any allergies, physical limitations, or special needs that your child might have:

Parent signature _____ Date _____

Parent daytime phone numbers (____) _____ (____) _____

TASC Area Workshop - Media Release

I understand that by permitting my child to attend the TASC Area Workshop, I am giving permission for him/her to be photographed, videotaped, or audio taped. Such items will be used only for the purpose of promoting TASC as a youth organization through TASC newsletters, TASC brochures, TASC websites, and print media. (TASC has a two-page Media Release and Notice of Understanding which is available upon request from TASC Executive Director, Traci Spain: Traci.Spain@gmsdk12.org.)

Delegate Name: _____ Date: _____
(Please print neatly)

Signature of Delegate

Signature of Parent/Guardian, if Delegate is under 18

School Name