Parent/Guardian Consent and Waiver Form

(Please Print All Information in Black or Blue Ink)

Youth's Name: _____

Birth Date: (MM/DD/YYYY): ____/ ____/ _____ Gender (Circle One): M / F

Race/Ethnicity (circle one): African –American Anglo Hispanic Other

School: _____ Grade: _____

Parent/Guardian (Name): _____

Address: _____ Apt: _____

City: _____State: _____Zip: _____Phone: _____

☐ Yes, my child has permission to participate in the 3rd Annual Mother and Daughter Self-Esteem Summit hosted by Girls Living Life On Purpose, Inc. Also my child has permission to participate in the Pre-Participation Questionnaire and the Post-Participation Questionnaire administered by Girls Living Life On Purpose, Inc staff. I also acknowledge that I am the parent or legal guardian of this child participant and I am able to execute this consent form. My signature on this form means that I have read and understood the information regarding this event and agree that my child may participate.

☐ I agree that in registering myself and/or my child to attend the3rd Annual Mother and Daughter Self-Esteem Summit that I will hold the Girls Living Life On Purpose, Inc, employees, volunteers and any other persons assisting with any phase of such workshop harmless from any and all liability, claims, and responsibility for making such trip and activities. I further release all of these parties from liability by reason of any accident or injury that might occur while at the workshop or participating in any such activities.

☐ I hereby agree to permit Girls Living Life On Purpose, Inc to use my picture, obtained with my consent, in the form of photographs, motion pictures, and/or television pictures, and to reproduce, distribute, and disseminate such picture or pictures in whatever manner they may require for the purpose of carrying out organization mission. I have not received, and I understand that I will not receive, any remuneration or other compensation for this purpose.

☐ No, my child does not have my permission to participate in the 3rd Annual Mother and Daughter Self-Esteem Summit

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I certify that I have read and agree with the above terms and by completing registration process I confirm my agreement with such terms.

Parent/Guardian Signature: _____ Date: _____

PLEASE COMPLETE AND RETURN VIA EMAIL info@gllopinc.org or via fax 888.521.2910