

★ Dear Parents/Guardians, Please sign and return the following form to:

Soroptimist International of \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_



## Parental Consent Form

I give permission for my child, \_\_\_\_\_, to attend and participate in the activities of *Dream It, Be It: Career Support for Girls*, a program of Soroptimist International of the Americas, Inc. 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 and its volunteers, members, facilitators, and employees for any costs associated with medical treatment and transportation for my child.
3. I agree that Soroptimist 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, volunteers, facilitators and/or employees. I release and agree to hold harmless Soroptimist, its members, volunteers, facilitators, and employees from any liability in connection with the activities of this program.
4. This consent and release shall be governed by the law of the state or province in which Soroptimist International of \_\_\_\_\_ is located, without regard to its principles on conflicts of laws.

Parent/Guardian Name: \_\_\_\_\_

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

Parent/Guardian Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

\*\*\*Please return this signed form to the Soroptimist club.\*\*\*