

Parent/Guardian Consent and Release Form



Dear Parent/Guardian,

Please sign and return the following form to **[insert name and address/e-mail here]**.

I give permission for my daughter, _____, to attend and participate in the activities of **Dream It Be It**, a program of Soroptimist International of **Soroptimist International of Sequim**. The program will be at the Sequim Boys & Girls Club located at 400 W Fir Street on May 22, 2027, from 9:00 am to 3:00 pm. 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 International of Sequim and its volunteers, members, facilitators, and employees for any costs associated with medical treatment and transportation for my child.
3. I agree that Soroptimist International of Sequim is not responsible for any bodily injury, illness or disease, or loss or damage from any cause concerning this program, including as may be caused, in whole or in part, by the negligence, including gross negligence, of the Soroptimist of Sequim club, its members, volunteers, facilitators, and/or employees. I release and agree to defend, indemnify and hold harmless Soroptimist International of Sequim its members, volunteers, facilitators, and employees from any liability in connection with the activities of this program.
4. I authorize my child to accept gift card from local business NW Bras in Sequim, and Maurices (women's clothing specialty retailer) in Port Angeles for the purpose of choosing an interview-appropriate outfit.
5. I grant permission for Soroptimist International of Sequim to use photographs taken during the event for promotional purposes, and I waive any rights to compensation for such use.
6. This consent and release shall be governed by the law of the state of Washington which Soroptimist International of Sequim is located, without regard to its principles on conflicts of laws.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Parent/Guardian Primary Phone: _____ Work Phone: _____

Date _____