



Parental Consent and Release Form

Dear Parent/Guardian,

August 18, 2017

Please sign and return the form online on or before October 1st, 2017 to reserve your spot. Space is limited so reserve your space early!

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 **Simi Valley** on Saturday, October 7, 2017 from 8:30A-3:30P 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 **[insert club name]** for any costs associated with medical treatment and transportation for my child.
3. I agree that Soroptimist International of Simi Valley 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 International of Simi Valley members and facilitators 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 in which Soroptimist International of Simi Valley is located, without regard to its principles on conflicts of laws.
5. SISV has my permission to use my child's photograph in print and online publications, presentations, websites, and media (social and hard copy). I understand no royalty, fee or other compensation shall become payable to me for such use.

Attendee's Name: _____ Grade: _____
Attendee's Cell Phone (if applicable): _____ High School: _____

Health Concerns: _____
Doctor's Name & phone number: _____

Parent/Guardian Name: _____ Signature: _____

Parent/Guardian **Home** Phone: _____ Cell : _____
What careers are you interested in learning more about? _____

Parent/Guardian **Cell** Phone: _____

For questions e-mail: teenoutreachsisv@gmail.com