

## Florida Miss Juneteenth Medical Release & Parent Consent Form

AUTHORIZATION, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT and MEDICAL and MEDIA RELEASE for the Florida Miss Juneteenth Scholarship Pageant Program. **(Read Carefully Before Signing)**

In Consideration of being permitted, at my specific request, for me or my child/ward to participate in the activity, we HEREBY RELEASE, WAIVE, DISCHARGE, AND CONVENANT NOT TO SUE the Florida Miss Juneteenth Scholarship Pageant Program, it's officers, volunteers, and agents, individually or in an official capacity for the group (all for purposes herein referred to as "releases") from all liabilities, claims, actions, damages, costs or expenses which we may have against any of the releases arising out of or in any way connected to participation in the activity, including, travel to or from the activity, for bodily injury, death or property damage suffered by me/my child before, during, or after said activity. I understand that this release and waiver includes any claim or action based on the negligence, action, or inaction of any release or otherwise.

I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to the negligence of releases or otherwise while engaged in or because of the activity. I expressly acknowledge and agree that the activity may involve the risk of injury or property damage.

I shall defend (if directed by the Florida Miss Juneteenth Scholarship Pageant Program), hold harmless and indemnify the Florida Miss Juneteenth Scholarship Pageant Program, it's officers, volunteers, and agents from and against all liabilities, loss, claims, damages, costs, attorneys' fees and expenses of whatever kind or nature which the National Miss Juneteenth Scholarship Pageant Program, it's officers, volunteers, and agents may sustain, suffer, or incur, or be required to pay by reason of permitting me/my child/ward to participate in the activity, even if allowing me/my child/ward to participate in said activity is later found to be wrongful or negligent.

I further expressly agree that the foregoing release and waiver of liability, and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of any state where a claim or action may be instituted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

### **MEDICAL RELEASE**

Name of Child: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Parent cell phone: \_\_\_\_\_ Parent business phone: \_\_\_\_\_

The undersigned as the parents and/or legal guardians of \_\_\_\_\_ do hereby consent to all medical and surgical treatments, including anesthesia and operations that may be deemed advisable by any qualified physician selected by agents or officials of the Florida Miss Juneteenth Scholarship Pageant Program. The intention hereof is to grant authority to administer and to perform all and singularly any examination, treatments, anesthetics, operations, and diagnostic procedures that may now or during the patient's care, be deemed advisable or necessary by any qualified physician. No action will be taken until an attempt is made to contact me at the phone number(s) listed above.

IN WITNESS of our consent and agreement to the matters stated above, we have subscribed our signature below.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDIA RELEASE CONSENT** for the releasing of photos for Florida Miss Juneteenth Scholarship Pageant Program website, promotional, and social media accounts.

Signature of Parent or Guardian: \_\_\_\_\_ Date \_\_\_\_\_