SPARKLE PINK CLUB FOR GIRLS Permission Slip Waiver

I, the parent/guardian of
give permission for my child to attend the
I understand that personal injury can and may occur to my child, and I hereby authorize <i>Sparkle</i>
Pink Club for Girls, or another appointed youth advisor, to seek and consent to emergency
medical attention for my child as needed; and I further agree to be liable for and to pay all costs
incurred in connection with such medical attention.
I hereby release <i>Sparkle Pink Club for Girls</i> , its employees, agents and volunteers, from any and
all liability, claims, demands, causes of action and possible causes of action whatsoever arising
out of or related to any loss, damage or injury (including death) that may be sustained by my
child while participating in or traveling to and from this event.
The following is all of the insurance information, restrictions, allergy and medication information necessary for my child to receive appropriate medical care.
I give permission for my child to ride in any vehicle designated by <i>Sparkle Pink Club for Girls</i> ,
its employees and adult volunteers, while participating in and traveling to and from this event.
I agree to accept full responsibility, financially or otherwise, for any damage my child may do to
the property of <i>Sparkle Pink Club for Girls</i> , properties visited on outing, other's personal
property, or vehicles used for transportation.

I agree and consent to all of the above stated.

Print Name

Sign Name

Emergency Contact Name and Phone Number for the Day of the Trip