

Dear Parent/Guardian,

Soroptimist is a global volunteer organization that provides women and girls with access to the education and training they need to achieve economic empowerment.

Date:

## SOROPTIMIST INTERNATIONAL OF THE AMERICAS

## **Parental Consent and Release Form**

Plea	ase sign and return the following form to Pat Wedenko	o, Email: <u>pwedenko@aol.com</u>
part	ve permission for my daughter,ticipate in the activities of <b>Dream It Be It</b> , a program cree to the following, intending for me and my child to	f Soroptimist International of Havre de Grace, MD.
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.	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 Havre de Grace and it's volunteers, members, facilitators, and employees for any costs associated with medical treatment and transportation for my child.	
3.	from any cause concerning this program, even in the event of ne	esponsible for any bodily injury, illness or disease, or loss or damage egligence by the club, its members, volunteers, facilitators, and/or ernational of Havre de Grace its members, volunteers, facilitators, and this program.
4.	This consent and release shall be governed by the law of the stallocated, without regard to its principles on conflicts of laws.	te or province in which Soroptimist International of Havre de Grace is
Pa	arent/Guardian Full Name:	
P	arent/Guardian Signature:	Date Signed: (DD/MM/YYYY)
P	arent/Guardian Home Phone:	
Pa	arent/Guardian Cell Phone:	
Pa	arent/Guardian Work Phone:	