



MARILYN HITE ROSS

WINNEBAGO COUNTY STATE'S ATTORNEY

WINNEBAGO COUNTY STATE'S ATTORNEY JUNIOR AMBASSADOR PROGRAM

PARENTAL CONSENT AND EMERGENCY INFORMATION

I, _____, the parent/guardian of _____ (child's name) hereby give my permission for my child to attend the Winnebago County State's Attorney's Junior Ambassador meeting's from 5-6 p.m. at Boylan High School or another school location to be determined.

Medical Emergency Authorization

In the event of a medical emergency while my child is participating in this program, I give permission to the Winnebago County State's Attorney's office employees supervising the program to seek medical assistance for my child.

Waiver of Liability

I agree on behalf of myself, my child named herein, our heirs, successors, and assigns to release the County of Winnebago and the Winnebago County State's Attorney's office, as well as their officers, employees and agents, from any and all liability for personal injury or property damage in connection with my child participating in this program.

Consent to Photograph

I also grant the Winnebago County State's Attorney's Office permission to photograph or record the child named above for Community presentations, Informational presentations, Social media, Promotions, marketing and recruitment regarding the Junior Ambassadors program. I understand and agree that all photos and recordings will become the property of the Winnebago County State's Attorney's Office and will be used only for the above-stated reasons.

Signature: _____ Date: _____

Print Name: _____

Address: _____

Parent/guardian emergency contact numbers: Home _____

Work _____

Cell _____