



STATEMENT OF UNDERSTANDING AND AUTHORIZATION FOR TREATMENT

RELEASE - In consideration of _____ having been accepted by **JUNIOR LEADERSHIP MANATEE** to participate in the **JUNIOR LEADERSHIP MANATEE** program, I hereby release the Leadership Manatee Alumni Association, **JUNIOR LEADERSHIP MANATEE** and its employees and the volunteers and their employers in the program from any financial responsibility for the sickness of or accident to _____.

TREATMENT - I also give permission for _____ to be treated in case of medical emergency while going to, returning from, and while at this activity. To insure prompt attention in case of serious sickness or accident, I hereby authorize the person responsible to incur expense considered necessary and I agree to pay for same if this is not covered by an accident and sickness insurance policy.

PICTURES - I also give my permission for _____ to be included in any still photos and video that will be taken as part of the activity to use for purposes of promotion of the **JUNIOR LEADERSHIP MANATEE** program on Website and social media, including Facebook, Twitter, Instagram and You Tube, along with MSTV and METV.

DISCIPLINE - I also give my consent for _____ to be under the disciplinary control of the official chaperone(s) designated by **JUNIOR LEADERSHIP MANATEE**.

PERSONAL CONTACT INFORMATION - I DO / DO NOT (circle one) give permission for _____ name and phone number to be included in a student directory intended only for use by other **JUNIOR LEADERSHIP MANATEE** students, distributed via hard copy and/or email.

Signed _____ Date _____
Parent or Guardian

The foregoing instrument was acknowledged before me this _____ day of _____, 2021, by _____ who is personally know to me or who has produced _____ as identification.

Signature of Notary Public

Name of Notary, printed or stamped

Commission Number
