



Parental Consent Form & Indemnity Agreement

Participant's Name _____ Date of Birth _____

Parent/Guardian Name _____

Home Address _____ City _____ ST _____ Zip _____

Telephone _____ Alt. Telephone _____

Email _____

I, (Parent/Guardian) _____, grant permission for my child, (Child's name) _____, to participate at the Run Women's Conference Teen's Entrepreneurial event to be held July 20, 2019 at the AT&T Stadium (or location to be determined), Arlington, Texas from 8am-4pm.

Date of Event/Field Trip: July 20, 2019 Type of Event: Teen Entrepreneurial Conference

Destination: AT&T Stadium/or TBD Time (s): 8am-4pm

PARENT PLEASE READ: As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor participant.

I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and fully indemnify Run Women's Conference, its owners, officers, chaperones agents, representatives, school, bus driver, and/or any other agent not fully identified and/or associated with this event from any and all actions, claims, demands, damages, costs or expenses and all consequential damages arising from or in connection with my child's participation of this event mentioned; even and including illness, sickness, or cost of medical treatment in connection therewith, and I agree to compensate the school and/or organization, its officers, directors, and agents of the Corporation for any legal or attorney fees associated with this event.

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I will assume all responsibility for the health of my child.

In the event of an emergency, I hereby give permission to transport my child to the hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me at the above number, please contact:

Name _____ Relationship _____ Phone _____

Family Doctor _____ Phone _____

Family Health Plan _____ Policy# _____

My child is allergic to _____ Has these health concerns _____

Signature _____ Date _____