



## Parental Consent Form & Indemnity Agreement

Participants Name \*

Participants Date of Birth \*

Parent or Guardian Name \*

Home Address, City, State and Zip code \*

Telephone Number \*

Alternate Telephone Number \*

Email Address \*

**I, (Parent/Guardian), grant permission for my child, (Child's Name Below), to participate at the RUN Entrepreneurial Conference and Expo Teen Entrepreneurial event to be held July 15 and 16th, 2022 at the Hurst Conference Center, Dallas, Texas from 8am to 4pm. Please enter your name and your child's name below \*** 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 as well as any damaged caused by my child while at the event (if determined 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: Please enter name, relationship, and phone number below\*

**Family Doctor and Health Plan Information**

**My child is allergic to \***

X

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Participant's Parent Signature

**Date Signed \***