



Be Bold Workshop Permission Slip

Parents/Guardians please read and complete this form

I _____ am the Parent / Lawful Guardian of _____
(Print Your Name) (Print Child's Name)

I grant permission for my child to participate in the Be Bold workshop on **April 14, 2018** located at **Transylvania Universtiy, 361 N Broadway, Lex, KY 40508**. The purpose of this workshop is to empower girls aged 9-18 to make healthy decisions, set goals and increase self-esteem. **Registration opens at 8am**. The program will begin promptly at 9am. Parents/Guardians are welcome back at 4pm for group presentations made by the girls. **Please pick up your child at 5pm.**

Does your child have any **special medical needs or food allergies**? If so, please list them here.

Authorization to Treat Minor: in the event that I cannot be reached in an emergency, I hereby permit a call to 911 and/or to contact a medical facility or physician selected by Be Bold, Inc to provide proper treatment to my child and that I will be responsible for all expenses arising in association with such treatment.

Indemnity and Waiver of Claim: I, the undersigned, hereby acknowledge that as a condition of my child participating in the Be Bold Workshop, agree to indemnify and hold harmless the organizers of this event, the sponsors of this event, their employees, volunteers and contractors, and all agents and employees from any liability, lawsuit, cost, expense or claim of any type whatsoever (including legal fees) for any harm, injury or death arising out of the above mentioned activity.

Photo Release: I am aware that photos will be taken at this event and my child's photo may be captured. My wishes regarding my child's photo being displayed in promotional materials or thank you cards to sponsors are indicated below. *No indication will imply express permission to use my child's photo.*

_____ Yes, my child's photo may be used _____ No, my child's photo may not be used

Parent/Guardian Signature: _____

Parent/Guardian Emergency Contact Number: _____

Date of Signature: _____