



SOROPTIMIST
Best for Women®

*Improving the lives of women and girls
through programs leading to social
and economic empowerment.*

SOROPTIMIST INTERNATIONAL OF THE AMERICAS

Parental Consent and Release Form

Dear Parent/Guardian,

Date: _____

Please sign and return the following form to **Kim Brannan, kakbrannan@aol.com**.

I give permission for my daughter, _____, to attend and participate in the activities of Dream It, Be It workshop, a program of Soroptimist International of Greater St. Louis. I agree to the following, intending for me and my child to be legally bound:

1. In case of medical emergency, I grant the facilitators the right to authorize medical care, if I cannot be promptly and readily reached.
2. In the event medical treatment is necessary for my child, I agree to pay all costs associated with such treatment including the cost of emergency medical evaluation and care. I further agree to hold harmless and indemnify Soroptimist International of Greater St. Louis for any costs associated with medical treatment and transportation for my child.
3. I agree that Soroptimist International of Greater St. Louis is not responsible for any bodily injury, illness or disease, or loss or damage from any cause concerning this program, even in the event of negligence by the club, its members or facilitators. I release and agree to hold harmless Soroptimist International of Greater St. Louis members and facilitators from any liability in connection with the activities of this program.
4. This consent and release shall be governed by the law of the state in which Soroptimist International of Greater St. Louis is located, without regard to its principles on conflicts of laws.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Parent/Guardian **Home** Phone: _____

Parent/Guardian **Work** Phone: _____

Parent/Guardian **Cell** Phone: _____