

PERMISSION SLIP PRINCESS & QUEENS SYMPOSIUM

Complete this form at registration.

| | | |
|-------------------|------------------|-----------------|
| Girl's First Name | Girl's Last Name | Date of Birth |
| Street Address | City | State, Zip Code |
| Home Phone | Allergies: | |

Permission for Use of Photos

☐ Yes ☐ No

Initialed _____

I hereby consent that the videotapes, photographs, motion pictures, electronic images and/or audio recordings of my daughter/dependent may be used by The Well Christian Women Network & Kingdom Builders of Faith for public relations and publicity purposes to include but not limited to newspapers, printed materials, website and social media. I understand that her last name and residence will not be used for publicity purposes by The Well Christian Women Network & Kingdom Builders of Faith.

Permission for Emergency Medical Treatment

☐ Yes ☐ No

Initialed _____

In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to The Well Christian Women Network & Kingdom Builders of Faith to seek treatment for my child and/or dependent minor by a licensed physician pursuant to Florida law. I know of no reason(s) why my daughter/dependent may not participate in prescribed activities except as noted on the Health History Form. **If permission for emergency medical treatment is not given, please prepare a signed statement providing the reason, a release of liability, and alternate instructions, and attach to this form.**

EMERGENCY CONTACT INFORMATION

| | | |
|------|---------------|-----------------------|
| Name | Telephone (s) | Relationship to Child |
| Name | Telephone (s) | Relationship to Child |

Parent Agreement

I have read and understand this annual permission slip. I may change or revoke any aspect of this agreement at any time by submitting my request, in writing, to The Well Christian Women Network or Kingdom Builders of Faith.

| | | |
|---|------------------------------|------------------|
| Printed Name of Parent/Guardian | Signature of Parent/Guardian | Date |
| Street Address (if different from girl's) | City/State/Zip | Email Address |
| Home Telephone | Work Telephone | Mobile Telephone |

| |
|--|
| <p style="text-align: center;">WAIVER OF RESPONSIBILITY (Leader carries this part, one for each attendee)</p> |
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In consideration of the benefits to be derived, and in view of the fact that the Princess & Queens event is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well-being of my child/ward, namely: _____ on the activities for the day, I agree to her participation and waive all claims against the leaders of this symposium, officers, agents, and representatives of the Princess & Queens Symposium and the sponsor. In the event of an emergency, the leaders of The Well Christian Women Network & Kingdom Builders of Faith have my permission to obtain medical treatment for my child/ward at the nearest hospital or doctor, at my expense, if our own doctor is not readily available, and as restricted on the Emergency.

(Signature of parent of guardian, and date)

Physician

Name

Phone

Medical Insurance Company

Policy/Group Number

Name of Policy Holder

Dentist

Name

Phone

Dental Insurance Company

Policy/Group Number

Name of Policy Holder

Signature of Parent or Legal Guardian

Printed name of Parent or Guardian

Date