PARENTAL WAIVER PERMISSION TO PARTICIPATE AND ATTEND THE YOUNG WOMEN’S CONFERENCE IN 2019

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor. I give my permission for my child/ward to attend the Young Women’s Conference 2019 with Planned Parenthood Northern California and State Senator Scott Wiener’s office, to be held on April 5, 2019.

I hereby release Planned Parenthood Northern California and State Senator Scott Wiener’s office from any and all liability related to or arising out of my child/ward’s participation in this event, including but not limited to their travel to, attendance at Young Women’s Conference 2019 and provision of volunteer services. In addition, I agree to reimburse Planned Parenthood Northern California and State Senator Scott Wiener’s office for any and all costs or liabilities it incurs as a result of my child/ward’s participation in this event.

I understand that Planned Parenthood Northern California and State Senator Scott Wiener’s office is not responsible for supervision of my child/ward outside of stated Young Women’s Conference activities and is in no way responsible for any financial costs incurred by them in the course of this event and give permission for them to attend the **Young Women’s Conference** on **Friday, April 5th** at the Milton Marks Auditorium at the California State Building in San Francisco.

## Student Details – *fill in if applicable*

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any allergies or medication information:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency, please contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree that the information stated above is correct and that the information may be distributed to leaders it may concern.

Signature (parent/ guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 

***Please sign and return by 3/22***