



ALABAMA CENTRAL CIVITAN DISTRICT

2018 Harding University National Youth Leadership Forum

PARENTAL PERMISSION AND PHOTOGRAPHY WAIVER FORM

PLEASE PRINT OR TYPE - This form must be completed in full.

Name of Delegate: _____ Age: _____ Gender: M ☐ F ☐

Street Address: _____ Delegate's Cell #: () _____
City/State/Postal Code: _____

School Name: _____ Birth Date: _____

Sponsoring Civitan Club: _____

School Grade in Fall 2018: 10 11 12 (Check One)

PARENTAL PERMISSION: (Delegates WILL NOT be allowed to register without this form completed)

I/We, the undersigned parent(s) or guardian(s) of the above-named delegate, give permission without reservation or restriction for the above named delegate to travel to and from and attend the 2018 National Youth Leadership Forum at Harding University in Searcy, Arkansas on June 3-8, 2018.

PERMISSION FOR MEDICAL TREATMENT: In the event of your inability to contact me/us in the case that medical attention is expedient for the above delegate, I/We, the undersigned parent(s) or guardian(s) of the above-named delegate, hereby approve and consent to emergency treatment necessary, as determined by the Medical Officer in charge at the 2018 National Youth Leadership Forum at Harding University in Searcy, Arkansas or by the Civitan Representative in charge of the delegation. I/We, in consenting to emergency treatment, do authorize and agree to be responsible for payment of, and to pay for, all expenses related to said emergency treatment. I/We, also understand and agree that it is my/our responsibility, as the parent(s) or guardian(s) of the above-named delegate, to provide medical coverage for above named delegate.

Insurance Company: _____ Policy # _____

Name of Policy Holder: _____ Company: _____

NOTE: Please list allergies (including medications), chronic ailments, disabilities, prescription medications being taken, and other information pertaining to the above-named delegate, that you feel we should know in an emergency. Please list, use reverse side of form if necessary. _____

WAIVER: I/We, the undersigned parent(s) or guardian(s) of the above named delegate, for and in consideration of the privilege extended to the above named delegate to attend and participate in the Youth Leadership Forum, do hereby hold harmless, and forever discharge Civitan International, the Alabama Central Civitan District, their successors, representatives, agents, and assigns of and for all liability, claims, and demands for on account of any injury or damage resulting which may occur at any time when the above named delegate is in route to or from the Youth Leadership Forum or attending the 2018 National Youth Leadership Forum at Harding University in Searcy, Arkansas. I/We, the undersigned parent(s) or guardian(s) of the above named delegate, further agree to indemnify and hold harmless Civitan International, the Alabama Central Civitan District, against any and all claims and demands by any other person or legal entity for damages alleged to have been caused by the above named delegate.

Photography Waiver:

I/We, the undersigned parent(s)/guardian(s) of _____, hereby grant to the Alabama Central Civitan District and Harding University, its employees, agents, assigns, and sponsors, the right to video and/or photograph my dependent, and use the video, photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet and expressly waive any and all present, or future compensation rights to the use of the above stated material(s)..

(Signature of parent/guardian)

(Signature of parent/guardian)

Date: _____

Date: _____

{NOTE: If delegate lives with or is the legal custody of both parents, both should sign.}



National Leadership Forum

HARDING UNIVERSITY - SEARCY, ARKANSAS

JUNE 3-8, 2018



Full Name: _____

Preferred Name: _____ (for Name Badge and Certificate)

Street Address: _____

City/State: _____ Zip Code: _____

☐ Male ☐ Female Your age on June 3, 2018 will be: _____

Student's Cell Phone #: _(_____)_____

Student's E-mail: _____

Parent's/Guardian's Name: _____

Parent's/Guardian's Phone #(s): _____

Parent's/Guardian's E-mail(s): _____

_____ has my permission to attend the National Leadership
(Student's Name) Forum at Harding University, June 3-8, 2018.

(Parent's/Guardian's Signature)

I agree to abide by the rules set forth by my sponsor (Civitan) and Harding University.

(Student's Signature)

Sponsored by (Civitan Club(s)) _____

Club representative's signature: *Ann L. Phelps*

Preferred room-mate(s) (optional) _____



Harding University American Studies Institute

National Leadership Forum

Medical Release Form

Attendee Name _____ Date _____

Home Address _____ City, State, & Zip _____

Telephone (____) _____

Mother's Name _____ Home Address _____

Home Phone (____) _____ Business Phone (____) _____ Cell Phone (____) _____

Father's Name _____ Home Address _____

Home Phone (____) _____ Business Phone (____) _____ Cell Phone (____) _____

Family Physician _____ Phone (____) _____

Medication Allergies _____

Food and/or Other Allergies _____

If parents cannot be reached in an emergency, please list person to contact.

Name _____

Address _____
Street City State Zip

Home Phone (____) _____ Business Phone (____) _____ Cell Phone (____) _____

I consent to the above-named student to participate in Harding University's American Studies Institute (ASI) National Leadership Forum. I further authorize the ASI personnel to sign documents permitting the performance of medical assistance as deemed necessary by legally licensed medical personnel at the time of illness or injury to the above student and will accept the financial responsibility for said medical assistance.

Parent/Guardian Signature _____

Date _____

Printed Name of Parent/Guardian _____

Arkansas law does not require a medical release form to be notarized.