



PARENT/GUARDIAN CONSENT FORM

I, the undersigned have legal custody of the participant named below, a minor, and have given my consent for _____ to participate in the 2016 Blueprint Conference for Middle & High School Girls at Massachusetts Institute of Technology hosted by the National Alumnae Association of Spelman College, Boston Area Chapter. I give my permission for the participant to engage in all activities.

In case of a medical emergency, I understand that every effort will be made to contact me or the emergency contact listed below. In the event that someone cannot be reached, I hereby authorize and consent to any x-ray, examination, anesthetic, surgical diagnosis, medical treatment and/or hospital care which is deemed advisable by, and rendered under the general or special supervision of any licensed medical personnel on the staff of any licensed hospital.

Emergency Contact Details:

Name: _____

Relation to Participant: _____

Home Phone Number: _____

Mobile Phone Number: _____

Health Concerns:

Does your child have any food allergies? Yes No

If yes, please explain: _____

Does your child have any dietary restrictions? Yes No

If yes, please explain: _____

Can your child participate in physical activities (i.e. beginners Zumba, cardio)?

Yes No

If no, please explain: _____



PARENT/GUARDIAN RELEASE FORM

My child is a participant in the 2016 Blueprint Conference at Massachusetts Institute of Technology sponsored by National Alumnae Association of Spelman College, Boston Area Chapter (“the Organization”). I am fully aware of the risks and hazards connected with her participation in the conference (“Activity”), and hereby elect to voluntarily have her participate in the Activity, knowing that the Activity may be hazardous to her or her property. I VOLUNTARILY ASSUME ALL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, that may be sustained by her, or any loss or damage to property owned by her, as a result of being engaged in the Activity, WHETHER CAUSED BY THE NEGLIGENCE OF THE ORGANIZATION OR ITS VOLUNTEERS, AGENTS, or otherwise.

I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Organization, the University, and their officers, agents, employees, or volunteers (hereinafter “RELEASEES”) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, that may be sustained by or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while participating in the Activity. It is my express intent that this Release and Hold Harmless Agreement (hereinafter “Agreement”) shall bind the members of my family, and shall be deemed as a RELEASE, WAIVER, and DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Agreement shall be construed in accordance with the laws of the State of Massachusetts. I hereby acknowledge that neither the Organization nor the sponsored Activity is affiliated with the University.

Parent/Guardian Signature: _____

Date: _____



MEDIA RELEASE FORM

The National Alumnae Association of Spelman College, Boston Area Chapter (NAASCBAC) is requesting your permission to use pictures and video from the 2016 Blueprint Conference for Middle & High School Girls at Massachusetts Institute of Technology that were taken of you/your child. These pictures will be used for promotional purposes, and may appear on websites, brochures, magazines, and other media types associated with NAASCBAC and/or the Blueprint Conference for Middle & High School Girls. As such, your/your child's image will be available in the public domain.

Your signed consent gives *NAASCBAC* permission to use pictures and video of you/your child on www.naascboston.org, as well as make them available to other third party affiliate groups.

Sign below if you are in agreement:

I _____ agree to allow pictures of me/my child, _____ to be used by *NAASC-BAC* for purposes they deem appropriate including, but not limited to those listed above.

Parent/Guardian Signature: _____

Date: _____