

PARENT PERMISSION/ RELEASE OF LIABILITY

_____ HAS PERMISSION TO PARTICIPATE IN THE PROGRAMS OF GIRLS INCORPORATED OF GUILFORD COUNTY.

I GIVE MY PERMISSION FOR MY DAUGHTER TO BE PHOTOGRAPHED UNDERSTANDING THAT HER NAME WILL NOT BE USED IN THE NEWSPAPER, MAGAZINE, RADIO, TV, VIDEO OR BROCHURE IN CONJUNCTION WITH GIRLS INCORPORATED OF GUILFORD COUNTY. SHE HAS MY PERMISSION TO SWIM AND ATTEND FIELD TRIPS WITH GIRLS INCORPORATED OF GUILFORD COUNTY .

AS THE PARENT, LEGAL GUARDIAN OR AGENCY REPRESENTATIVE, I UNDERSTAND THAT SHOULD MY CHILD BE INJURED WHILE PARTICIPATING IN THIS PROGRAM, I CANNOT HOLD GIRLS INC. RESPONSIBLE AND I UNDERSTAND THAT BY PROVIDING MY SIGNATURE I WAIVE MY RIGHT TO ATTEMPT TO HOLD GIRLS INC. OF GUILFORD COUNTY RESPONSIBLE. I HAVE READ AND AGREE TO ABIDE BY ALL GUIDELINES AND POLICIES AS SET FORTH IN THE MATERIALS THAT HAVE BEEN PROVIDED FOR MY REVIEW.

Parent/Guardian Signature _____ Date: _____