



# We Have the RIGHT, too....

## Parent/Legal Guardian and School Consent Form

Springfield, IL March 11-12, 2010

The Illinois Caucus for Adolescent Health's Annual Youth Lobby Day and How 2 Get Down Training will take place in Springfield, IL on Thursday, March 11 through Friday, March 12, 2010 for two entire school days. The first day will include lobbying for the Reproductive Health and Access Act (HB6205) and an educational arts event, "Re-Education Through Art". The following day, youth will have the opportunity to participate in our second statewide "How 2 Get Down" interactive political education training. These events will contribute to your young person's development as leaders in our communities.

### Please Print Clearly

Participant Name \_\_\_\_\_ Age, if under 18: \_\_\_\_\_

Affiliation/Organization/School \_\_\_\_\_

Name of Parent/Legal Guardian \_\_\_\_\_ Attending (Y/N) \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary \_\_\_\_\_

### Special Needs or Dietary Considerations

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

I am the parent or legal guardian of \_\_\_\_\_ a minor ("Minor"). I give my permission for Minor to travel to Springfield for the Annual Youth Lobby Day and How 2 Get Down Training hosted by the Illinois Caucus for Adolescent Health at The Statehouse Inn from Thursday, March 11 to Friday, March 12.

In consideration of permitting Minor to travel and attend, I represent that I am age 18 years or more and am the parent or guardian of the Minor. I hereby agree to and do hereby forever release, indemnify, absolve and hold harmless ICAH and its affiliates, officers, directors, employees, agents, volunteers, and their respective successors and assignees, of and from any intentional or negligent acts or omissions, claims and liabilities for any injury, misadventure, harm, loss, inconvenience or damage, direct, indirect or consequential, suffered or sustained as a result of Minor's participation in the retreat or any activities associated with the training and lobby day (including, without limitation, Minor's travel to and attendance at the Youth Lobby Day and Minor's provision of volunteer services their at) and emergency treatment for any injuries sustained by Minor. I also hereby consent to permit emergency treatment for the Minor if Minor is or appears to be injured.

I also give permission for use of Minor's name and likeness in the promotion of or in connection with this event without payment of any consideration to me or Minor.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

School Administrator or Authorized Rep. Signature \_\_\_\_\_ Date \_\_\_\_\_