



Guam Coalition Against Sexual Assault & Family Violence

P.O. Box 1093 Hagatna, Guam 96932 ✕ Phone: (671) 479-2277 ✕ Fax: (671) 479-7233

Email: info@guamcoalition.org ✕ Online: www.GuamCoalition.org

Regional Summit 2014: We kNOw MORE: Parental/Guardian Authorization & Waiver Form

PARTICIPANT'S NAME: (Last) _____ (First) _____ (Middle) _____

GENDER: [] M [] F AGE: _____ BIRTH DATE: _____ SCHOOL: _____ GRADE: _____

STREET ADDRESS: _____ APT#: _____

CITY/STATE/VILLAGE: _____ ZIP: _____ PHONE: (____) - ____ - _____

HOW WILL YOUR CHILD GET HOME? [] Mass Transit Bus [] Walk [] Picked Up [] Other _____

Mother's/Guardian's name: _____ Contact #: _____

Father's/Guardian's name: _____ Contact #: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Contact information 1: _____ Contact Information 2: _____

Please read the following and sign indicated agreement:

I hereby give permission for my child (or ward) to participate in all programs and activities taking place at the **Guam Coalition Against Sexual Assault and Family Violence (GCASAFV) Regional Summit 2014: We kNOw MORE** at Holiday Resort Guam on November 8, 2014 from 8am-5pm. I further understand that the sponsor(s) and staff are **NOT** responsible for the time or manner in which my child (or ward) may arrive at or leave the summit. I understand and agree that my child (or ward) must be picked up by event ending time.

By attending, I understand my child (or ward) will be participating in the GCASAFV Regional Summit 2014: We kNOw MORE and will be exposed to community advocate programming: educating youth and young adults about healthy relationships, risk factors and legal aspects of domestic/dating violence and sexual assault, technology safety usage, and victim service providers locally and nationally.

I understand and agree that sponsor(s) and staff cannot and will not administer prescription or over the counter medications of any kind to my child (or ward) while attending the GCASAFV Regional Summit 2014: We kNOw MORE.

In the event of an emergency, I authorize the sponsor(s) and staff to secure medical treatment for my child (or ward)



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and that I, and the legal guardian, will assume any and all responsibility for paying medical expenses associated with such treatment.

I understand and agree that my child (or ward) must obey all rules of conduct placed by event staff and sponsor(s). I further understand any behavioral problems that cannot be resolved by event staff may result in my child (or ward) being sent home from the summit. In the event my child is sent home it is the responsibility of the parents to provide transportation.

I understand and agree that the sponsor(s) and event staff are not responsible or legally liable for any personal property losses or for any bodily injuries incurred and suffered by the applicant or in connection with any activities at any of its exhibits, or while engaged in any activities at the summit.

I, hereby authorize the Guam Coalition Against Sexual Assault & Family Violence (GCASAFV) [photographer/videographer] to use, reproduce, and/or publish photographs and/or video that may pertain to my child—including image, likeness and/or voice without compensation. I understand that this material may be used in various publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs) or for other related endeavors.

This material may also appear on the GCASAFV or event sponsor(s)' Internet Web Page. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, the organization or project sponsor(s) may publish materials, use my child's name, photograph, and/or make reference to him/her in any manner that the organization or project sponsor deems appropriate in order to promote/publicize service opportunities.

I give permission for the event staff to administer any anonymous surveys to my child (or ward) for purposes of better understanding the impact of the event day on my child (or ward).

The undersigned represents that he/she is the parent/guardian of the minor named above, and represents that he/she has the legal authority to execute this consent and release. If the child/applicant is signing for him/herself, the undersigned warrants that he/she has reached the age of legal majority according to the laws of Guam.

Parent or Guardians Printed Name _____

Signature of Parent/Guardian _____ Date _____