

**PARENTAL/GUARDIAN CONSENT FORM**

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_

Emergency Contact's Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Child/Children's Name(s): \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_,

**LIABILITY WAIVER**

I, (Parent/Guardian) \_\_\_\_\_, grant permission for my child, (Child's/Children's Name) \_\_\_\_\_, to participate in this conference. This activity will take place under the guidance and direction of volunteers from **7 Pearls Foundation**.

As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant.

I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend the Organizer its officers, directors and agents, and any other representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the Organizer, its officers, directors and agents, or representatives associated with the even for reasonable attorney's fees and expenses arising therewith.

**DISCUSSION CONSENT**

I acknowledge and understand there will be a 2-minute discussion concerning suicide and its effects. I agree and I am comfortable with my child/children being privy to this information.

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTO CONSENT FORM**

I, (Parent/Guardian) \_\_\_\_\_ grant permission to **7 Pearls Foundation** for the use of photographs or electronic media images as identified below in any presentation of any and all kind whatsoever. I understand that I may revoke this authorization at any time by notifying **7 Pearls Foundation** in writing. The revocation will not affect any action taken before the receipt of this written notification. Images will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as they are relevant and after that time destroyed or archived.

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_