



PARENTAL CONSENT FORM AND LIABILITY

Participant's name: _____ Grade: _____

Date of birth: _____ Parent/Guardian's name: _____

Home address: _____

Home/Cell phone: _____ Work phone: _____

Emergency contact person: _____ one: _____

Please list any medical concerns the sponsor should be aware of during this activity:

I, _____ grant permission for my child, _____ to participate in the event described below that requires transportation to Washington DC. The Event will take place under the guidance and direction of Pulse Life Advocates (formerly Iowans for LIFE).

Date of Event: January _____ Type of Event: March for Life Cost to be paid by student: \$500 Plus food & spending money Mode of transportation: Bus

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the Participant relating to or arising from the Event.

In consideration of the Participant's participation in the Event, and on behalf of myself, the Participant, my other minor children and our heirs, successors, and assigns, I hereby release, discharge and covenant not to sue Pulse Life Advocates, and each of them, together with their employees, agents, chaperones, or representatives associated with the Event (collectively the Releasees), from any claim arising out of or related to the Event and in connection with any illness, accident or injury (including death) of the Participant or cost of medical treatment in connection therewith, except in the case of negligence on the part of the Releasees. I further agree to indemnify and hold harmless the Releasees from any claim arising out of or related to the Event brought by any other parent or guardian of the Participant (including reasonable attorney's fees and litigation expenses).

If parents cannot be reached at the time of an emergency and if immediate observation or treatment is urgent in the perception of organization authorities or chaperones, I request, authorize, and will be responsible for necessary emergency medical care. Our physician or dentist may be contacted and is authorized to release requested information. I further understand that the chaperones will endeavor to safeguard the health and safety of each student but will, in no way, be held responsible in case of accident or illness.

I understand that failure to sign this Consent Form and Liability Waiver as is without amendment or alteration is grounds for denial of participation in the Event.

Parent/Guardian signature: _____ Date: _____