



STATEMENT OF UNDERSTANDING AND AUTHORIZATION FOR TREATMENT

RELEASE - In consideration of _____ having been accepted by **JUNIOR LEADERSHIP MANATEE** to participate in this year's **JUNIOR LEADERSHIP MANATEE** program, I hereby release the Leadership Manatee Alumni Association, **JUNIOR LEADERSHIP MANATEE** and its employees and the volunteers and their employers in the program from any financial responsibility for the sickness of or accident to _____.

TREATMENT - I also give permission for _____ to be treated in case of medical emergency while going to, returning from, and while at this activity. To insure prompt attention in case of serious sickness or accident, I hereby authorize the person responsible to incur expense considered necessary and I agree to pay for same if this is not covered by an accident and sickness insurance policy.

PICTURES - I also give my permission for _____ to be included in any still photos or video that may be taken as part of the activity for use both in-house or with mass media for purposes of promotion of the **JUNIOR LEADERSHIP MANATEE** program.

DISCIPLINE - I also give my consent for _____ to be under the disciplinary control of the official chaperone(s) designated by **JUNIOR LEADERSHIP MANATEE**.

PERSONAL CONTACT INFORMATION - I DO / DO NOT (circle one) give permission for _____ name and phone number to be included in a student directory intended only for use by other **JUNIOR LEADERSHIP MANATEE** students.

Signed _____
Parent or Guardian

Date _____

The foregoing instrument was acknowledged before me this _____ day of _____, 2016 by _____ who is personally know to me or who has produced _____ as identification.

Signature of Notary Public

Name of Notary, printed or stamped

Commission Number
