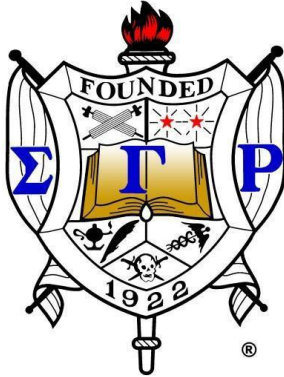


# *Sigma Gamma Rho Sorority, Inc.*



## **Parental Waiver and Hold Harmless Agreement**

**Name of Child:** \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

I, \_\_\_\_\_, on behalf of myself, my heirs, assigns and all other persons or entities claiming by, under or through me, represents, covenants and agrees that I will not hold or seek to hold Sigma Gamma Rho Sorority, Inc., its officers, directors, regions, members, affiliates, employees, agents or representatives responsible for any liability resulting from my child's participation in the 2019 Youth Symposium activities hosted by the Sigma Gamma Rho Sorority, Inc. I further waive and release any and all rights and claims against the aforementioned parties for any injury or loss suffered while participating in this group. I further grant an irrevocable and nonexclusive license to Sigma Gamma Rho Sorority, Inc. allowing the use of my child's name, voice, portrait, likeness, photograph and/or motion pictures, either alone or accompanied by other material, in any media and formats whether now known or later developed, for any purpose relating to developing and promoting the growth and mission of Sigma Gamma Rho Sorority, Inc. I hereby waive all my rights to inspect and approve the finished product and materials, their use or such visual, written or audio copy as may be used in connection therewith.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

# Emergency Medical Treatment Waiver

In the event that reasonable attempts have been made to contact me at the following phone number \_\_\_\_\_ or my designated emergency contact[name and phone number] \_\_\_\_\_ have been unsuccessful, I hereby give my permission and consent to any medical treatment that may be required to the above minor child and authorize an adult, in whose care the minor has been entrusted, to consent to many medical care to include any X-Ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment. This is to include any hospital care needed to be rendered to or under general or special supervision of any physician, dentist, or medical staff of a hospital licensed under the provisions of the Medical Practice Act, regardless of whether such diagnosis or treatment is rendered at the office of said physician or hospital.

**Please list any allergies or medical conditions:**

**Please list any medications that your child is taking, prescription and/or over-the- counter.**

## **Notice of Rights to Parents/Guardians A3 4 Life – Centers for Disease Control Act Against AIDS Leadership Initiative &**

### **Power to Decide: National Campaign to Prevent Unplanned Pregnancy**

As a recipient of more than \$500,000 in grant funding from the Centers for Disease Control for the implementation of an HIV/AIDS education and prevention program and Power to Decide: National Campaign to Prevent Unplanned Pregnancy to educate young girls and teens on positive self- imaging and healthy behavior, the sorority may from time-to-time offer instruction in high-level HIV and AIDS information and education and other human sexuality information. Instruction may also include the recognition, prevention, and treatment of sexually transmitted disease. This instruction shall stress that abstinence from sex is a responsible and effective method of preventing unplanned or out of wedlock pregnancy and sexually transmitted disease and is a positive lifestyle for unmarried young people.

### **Request to Examine Instructional Material**

The sorority, upon request, will make program educational synopses available to parents of children participating in events hosted by Sigma Gamma Rho Sorority, Inc. All requests shall be made to the alumnae chapter president in your local community.

### **Educational Program Waiver Request**

If you desire for your child to not participate in such educational sessions, please sign on the line below: I request that my child not participate in any classes discussing HIV/AIDS education and prevention or any human sexuality related topics.

\_\_\_\_\_  
Parent/Guardian Signature