

Parent/Guardian Consent and Release

I _____ hereby grant permission for the participant, _____ to take part in the Beautillion Militaire Program which is sponsored by Jack and Jill of America, Inc., Akron Chapter.

I also agree, on behalf of myself and the participant, not to make any claims or demands of any kind against Jack and Jill of America, Inc., and Jack and Jill of America, Inc., Akron Chapter, for any loss or injury that the participant might sustain while engaged in the Beautillion Militaire Program including transportation to and from the program site.

I authorize such physician or medical staff as Jack and Jill of America, Inc., Akron Chapter may designate to carry out any minor medical/surgical treatment and/or medication necessary, or to take the participant to the nearest emergency facility, and I/we further authorize its medical staff to provide any treatment deemed necessary for the well-being of participant.

I also agree that photographs of the participant may be published for the purpose of publicizing and promoting programs operated and/or sponsored by Jack and Jill of America, Inc., Akron Chapter.

Parent/Guardian _____

Date _____