

# The 84 Youth Power Summit 2019

## Parent/Guardian Consent Form



**To the youth:** Have your parent or guardian fill out and sign this part of the form.

**To the parent/ guardian:** Please read carefully, fill in the correct information, and sign.

- I give \_\_\_\_\_ (name of youth) of \_\_\_\_\_ (chapter name) permission to participate in the The 84 Youth Power Summit offered by Health Resources in Action on Saturday, October 26, 2019 at the UMASS Medical Center in Worcester, MA. I understand that she/he/they will be at this event as an individual.
- I also give \_\_\_\_\_ (name of youth) permission to ride in a bus provided by Health Resources in Action to the event if that has been requested by the Chapter. I understand that my child will be riding on this with other youth and adults from other organizations.
- I also agree that \_\_\_\_\_ (name of youth)'s photograph may be taken during this event and published in websites and other publications for The 84 Movement and Health Resources in Action. I understand that I will not be paid for use of these photos, and I do not hold The 84 Movement, Health Resources in Action, or the Massachusetts Department of Public Health responsible for any damages rising out of use of the photos.

As parent and/or legal guardian, I agree on behalf of myself, my child, or our heirs, successors and assigns, to hold harmless and defend Health Resources in Action and its agents, employees, officers and directors, as well as the sponsors of the activity and their agents, employees, officers and directors from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the activity or in connection with any illness or injury or cost of medical treatment in connection therewith; provided, however, that this indemnity will not apply with respect to any claims for injury to the extent of any available and applicable motor vehicle insurance or other liability insurance.

If I have any questions about this program, I understand that I can contact Carly Caminiti, The 84 Movement Associate Director of Health Resources in Action at 617-279-2282 or [ccaminiti@hria.org](mailto:ccaminiti@hria.org), or The 84 Movement Project Associate Danielle Adams at 617.279.2276 or [dadams@hria.org](mailto:dadams@hria.org). Please submit consent forms via scan to [sarya@hria.org](mailto:sarya@hria.org) by Wednesday, October 16, 2019.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian name (please print)

\_\_\_\_\_  
Parent/ guardian phone # in case of emergency

\_\_\_\_\_  
Parent/ guardian email (if you have one)

\_\_\_\_\_  
Address City Zip

