

PARENTAL AUTHORIZATION
AND ACKNOWLEDGMENT OF
RESPONSIBILITY FORM

DUE DATE: To be turned in at time
of check-in for conference on
November 1, 2017.

INSTRUCTIONS: Student, parents/guardians and Advisors must complete **this form** for each student participant as a pre-requisite for the student to attend the conference. Please bring your completed form with you to the conference. Thank you for your cooperation and understanding.

Participant Name: _____

School: _____

Activity/Conference Name: 2017 Maryland FBLA Fall Leadership Conference

Date of Event: November 1, 2017

Location: The Hunt Valley Inn Baltimore, 245 Shawan Road, Hunt Valley, MD 21031, (410) 785-7000

IN CONSIDERATION OF the Participant's having the privilege of attending and participating in the Activity described above, the Participant and the Participant's parent or legal guardian hereby:

1. State that _____, is the parent or legal guardian of _____, and that s/he hereby
(Print parent/legal guardian's name) (Print participant's name)
consents to _____'s participation in the Activity.
(Print participant's name)
2. Agree that the Participant will abide by all rules and regulations established by Maryland FBLA and the School; agree that, if the Participant does not comply with these rules and regulation, Maryland FBLA and the School shall bear no responsibility for this conduct, that participation in the Activity may be terminated upon the Organization's request, that the Participant will be required to leave the Location of the Activity immediately and that the School may discipline the Participant for such conduct agree that, **if the Participant is required to leave the Location, it is solely the responsibility of the Participant's parent or guardian to remove the Participant from the Location;**
3. Authorize the Maryland FBLA-PBL association, their representatives, agents, servants and employees, to provide, obtain, or authorize any reasonable incidental and/or emergency medical treatment for the Participant, in the event of the Participant's illness, injury, or incapacity, and parent/guardian hereby accepts the responsibility to pay for such treatment; State that the medical conditions for which the Participant now is being treated, all prescription medication which the Participant will be taking while participating in this activity, and the name of the treating and prescribing physician(s) are listed below.
4. Acknowledge that there is some risk involved in any activity involving travel outside of one's own home or community, and certify that the Participant is physically, emotionally and mentally capable of participating in this Activity; assume all risk of and financial responsibility for any loss or injury to the Participant or to others which may result from the Participant's negligence or misconduct; indemnify and hold harmless from and against any and all cost, claims, demands, charges, liabilities, obligations, judgments, executions, costs of suit and actual attorneys' fees incurred or suffered by the Maryland FBLA-PBL association resulting from or arising out of the Participant's negligence or misconduct.
5. Conference Photography Release - Maryland FBLA-PBL photographers and videographers will be taking photos and videos throughout the conference for use in any manner Maryland FBLA-PBL deems appropriate including, but not limited to, publishing in Maryland FBLA-PBL publications, on the Maryland FBLA-PBL Web site, in conference multimedia, and in connection with competitive performance events. By attending the conference, you grant Maryland FBLA-PBL the right to photograph, record, use and edit, without approval, your photograph, video, image, likeness, appearance, performance, and any other indicia of identity, in any format whatsoever, and to publish, disseminate, exhibit, publicly display, give, sell, and/or transfer the same in any and all forms of media or distribution now known of hereafter discovered or developed (including, but not limited to, print media, Internet, Web casting, video streaming, television or radio), for the use of Maryland FBLA-PBL, its affiliates, or any individual, organization, business, publication, network or other third party, in perpetuity, without payment or any consideration.

Medical Condition(s): _____

Medication: _____

Treating/Prescribing Physician: _____ Physician Phone: _____

Insurer: _____ Insurance #: _____

Parent/Guardian Phone: (H) _____ (W): _____
(Cell) _____

Signature of Parent/Guardian Signature

Date

Signature of School Advisor/Chaperone

Date