



*Soroptimist of Willimantic Dream It Be It Program at Questers' Way
A place for girls to have fun while learning real life skills that will empower them to
LIVE THEIR DREAMS!!*

PARENTAL CONSENT AND RELEASE FORM

Dear Parent/Guardian,
Please sign and bring to first session.

Date: _____

I give permission for my daughter, _____, to attend and participate in the activities of **Dream It Be It**, a program of Soroptimist International of Willimantic. I agree to the following, intending for me and my child to be legally bound:

1. In case of medical emergency, I grant the facilitators the right to authorize medical care, if I cannot be promptly and readily reached.
2. In the event medical treatment is necessary for my child, I agree to pay all costs associated with such treatment including the cost of emergency medical evaluation and care. I further agree to hold harmless and indemnify Soroptimist International of **Willimantic** for any costs associated with medical treatment and transportation for my child.
3. I agree that Soroptimist International of **Willimantic** is not responsible for any bodily injury, illness or disease, or loss or damage from any cause concerning this program, even in the event of negligence by the club, its members or facilitators. I release and agree to hold harmless Soroptimist International of **Willimantic** members and facilitators from any liability in connection with the activities of this program.
4. This consent and release shall be governed by the law of the state in which Soroptimist International of **Willimantic** is located, without regard to its principles on conflicts of laws.
5. I have reviewed a copy of the Dream It Be It Guidelines for Participation at soroptimistwillimantic.org.
6. Participant has signed a Questers Way waiver found online at questersway.com
7. Participant must agree to stay within assigned areas at Questers' Way.
8. Participants without a driver's license must be picked up by guardian inside at Questers' Way.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Parent/Guardian **Cell** Phone: _____

Parent/Guardian **Work** Phone: _____ Parent/Guardian **Home** Phone: _____