



Georgia Department of Human Services

Division of Family & Children Services

Division of Family and Children Services - Prevention and Community Support YOUTH SUMMIT 2023

March 4, 2023 ~ 10 am – 3 pm

Parent or Legal Guardian Consent/Release Form

This form must be submitted by the Adult Chaperone at the registration table for each youth attending the DFCS-PCS Youth Summit on Saturday, March 4, 2023.

RELEASE, WAIVER, AND INDEMNIFICATION

The undersigned and his/her parent or legal guardian, if the participant is under the age of 18 years, do hereby execute this release, waiver and indemnification for himself/herself and his/her heirs, successors, representatives and assigns and hereby agree to represent as follows:

The undersigned release DFCS-PCS, GUIDE, Inc., Gwinnett County, John C. Maxwell Leadership Center and their officers, employees and agents from any and all liability, loss, damage, costs, claims or causes of action including, but not limited to, all bodily injuries and property damages arising out of the sole negligence of DFCS-PCS, GUIDE, Inc., Gwinnett County or John C. Maxwell Leadership Center.

The undersigned further agrees to indemnify and hold harmless the said above from any and all liability, loss, damage costs, claim or causes of action, including attorney's fees and witness costs, arising out of the undersigned's participation in the DFCS-PCS Youth Summit.

The undersigned further gives permission for the participant to take part in a survey used to evaluate the program and to be photographed, videotaped or quoted during the DFCS-PCS Youth Summit to be used for promotional purposes.

Signature of Participant

Date

Signature of Parent/Guardian

Date

AGREEMENT AND CONSENT FOR TREATMENT

This is to certify that I, the undersigned parent or guardian, hereby consent to and authorize the administration and performance of all needed medicines, surgical treatment and the administration of any anesthetic which, in the opinion of the attending physician, may be necessary and advisable in the event of any medical emergencies regarding my son/daughter. It is understood that efforts shall be made to contact the undersigned prior to rendering emergency treatment to the patient.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (Printed) _____

Primary Contact Phone _____ Secondary Contact Phone _____