

**American Legion Auxiliary
Granite Girls State
Waiver and Consent**

This will certify that I am the parent or legal Guardian of _____
Who is under the age of eighteen; she is _____ years of age.

I understand and confirm that participation in this ALA Girls State program is voluntary and hereby consent and grant permission for my daughter to participate in all activities in conjunction with this program. I further understand that my child's participation may involve risk of injury and loss, both to person and to property. On behalf of my child, I assume all risks in any way connected with said participation and I accept personal responsibility for any liability, injury, loss or damage in any way connected with said participation.

This will further certify that I, the undersigned,, in consideration of the benefits and opportunities derived by my daughter who is a participant of the American Legion Auxiliary Granite Girls State Program, do hereby release and discharge the American Legion Auxiliary, its officers, agents, staff, and employees from any and all claims, demands, suits, actions, or courses of action which may, can or shall have reason of illness, injury, or accident incurred or suffered by said daughter while in attendance of said American Legion Auxiliary Granite Girl State program, while traveling to or from, attending, or participating in said program no matter how caused or occasioned.

I understand and acknowledge that neither basic accident and health insurance nor personal property insurance will be offered or provided by the American Legion Auxiliary in connection with ALA Girls State, and that the provision of such insurance is my/our own personal responsibility.

I do hereby certify that the information provided above and or on the back of this form is true and correct to the best of my knowledge.

Parent/Guardian Name _____

Signature: _____ Date; _____

Witness: _____

Dated this _____ day of _____ 201_