

Powerful Pearls Permission and Release form

****To be completed by the Parent/ Guardian, please return to: candy_hayes@danielsblessing.org

Daniel's Blessing appreciates your interest in your child becoming a **Powerful Pearls**.

This application is intended as a means of informing and gaining the consent of the parent/ guardian to allow their daughter to participate in Powerful Pearls.

Child's Name: _____ **Age:** _____ **Birthdate:** _____

Please initial each of the following:

_____ I give my informed consent and permission for my child to participate in the **Powerful Pearls** and its related activities.

_____ I release and Daniels Blessing staff or its representatives of all liability of injury, dearth, or other damage to me, my child, family, estate, or heirs that may result from her participation in the program, including but not limited to transportation, and hold harmless any Powerful Pearls project staff or its representatives both collectively and individually of any injury, physical or emotional.

_____ I agree to allow and Daniel's Blessing to use any photographic image and name of my child taken while participating in the girl's program. These images may be used in promotions or other related marketing materials.

_____ Does your child have any allergies?

If so, what are they and does she require medication?

_____ I am aware if my child misses more than 2 Powerful Pearls sessions without a reasonable excuse she will be dropped from the program.

T-Shirt size: Circle one: S M L XL

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Parent/ Guardian Signature **Date**
Work Number _____ Cell Number _____
Emergency Contact Name _____ Emergency Contact Number _____
E-Mail Address _____