

**Parent/Guardian Consent/Waiver  
Release of Liability  
Photo Release for Youth**

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I, the undersigned parent or guardian of \_\_\_\_\_ a minor, hereby:  
(name of youth)

1. **GIVE PERMISSION** for my son/daughter to participate in the **June 28, 2017, YPII Youth Philanthropy Conference** in Indianapolis, Indiana at Park Tudor School and release the Community Foundation staff/volunteers, Park Tudor School, Indiana Philanthropy Alliance, and Indiana Philanthropy Alliance Foundation from any claim, loss, cost, damage, or expense arising out of any accident or any occurrence causing injury to any person or property.
2. **AUTHORIZE** the adult(s) that are transporting my son/daughter to the **June 28, 2017, YPII Youth Philanthropy Conference** as my agents, to consent in case of a medical emergency to any examinations, x-ray, anesthetic, medical, or surgical diagnosis or treatment and hospital care deemed advisable by a qualified physician or local hospital. An authorized adult agrees to contact the undersigned as soon as possible if an emergency should arise. I will assume responsibility for fees incurred by such an emergency. In addition, I certify that the above information is correct and give permission for the release of medical records to the attending physician. I realize that I cannot hold the volunteer adult responsible for such an emergency, and
3. **GIVE PERMISSION** for my child's picture and name to be used in promotional materials through print, media, video, or audio releases regarding the youth philanthropy work of the Youth Philanthropy Initiative of Indiana, Indiana Philanthropy Alliance, and the Community Foundation.

**Please complete all of the following information:**

**Participant Name:** \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**In case of emergency please call:**

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Phone 1:** \_\_\_\_\_ *Home/Cell/Other* **Secondary Phone 2:** \_\_\_\_\_ *Home/Cell/Other*

**Please Return to Julie Markland, YPII Program Associate, one of the following ways:**

**Fax: 317-630-5210**

**Email: [jmarkland@inphilanthropy.org](mailto:jmarkland@inphilanthropy.org)**

**Mail: Indiana Philanthropy Alliance/YPII  
32 E. Washington St., Suite 1100  
Indianapolis, IN 46204**