



American Legion Auxiliary

Virginia Girls State, Inc.

**CONSENT AND WAIVER for 2017**

**TO BE COMPLETED BY PARENT OR GUARDIAN**

I, the undersigned, am the parent or legal guardian of \_\_\_\_\_  
who is \_\_\_\_\_ years of age.

I understand and confirm that participation in this American Legion Auxiliary Virginia 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 understand that the program is to be held on the campus of Longwood University the week of **Sunday, June 18 through Saturday, June 24, 2017**. I further understand that my daughter's participation may involve risk of injury and loss, both to person and to property. On behalf of my daughter, 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.

In consideration of the benefits and opportunities derived by my daughter as a participant of the American Legion Auxiliary Virginia Girls State program, I do hereby release and discharge the American Legion Auxiliary and Virginia Girls State, their officers, agents, staff, and employees from any and all claims, demands, suits, actions, or courses of action which may, can, or shall have by reason of illness, injury, or accident been incurred or suffered by my daughter 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 or Virginia Girls State in connection with said program, and that provision of such insurance is my own personal responsibility.

Furthermore, I give my permission to American Legion Auxiliary Virginia Girls State to use my daughter's name and picture(s), individually and/or in groups, on the ALA VGS Website during and after the week of Virginia Girls State.

Does your daughter have any physical or emotional conditions that Virginia Girls State should be aware of? YES NO If "YES" please explain (you may continue on the back):

\_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

No alterations to the terms stated above may be made. If you are not in agreement with these terms, please contact the director immediately by e-mail at **director@VaGirlsState.org** or through our website at **www.VaGirlsState.org**.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

**BRING THIS FORM WITH YOU TO LONGWOOD UNIVERSITY**