



NAACP ACT-SO

PARENTAL CONSENT AND INDEMNIFICATION NOTICE AND AGREEMENT

YEAR _____

UNIT NAME: _____ UNIT#: _____

The undersigned parent(s) and/or guardian(s) of the following named minor:

(Fill-in your participating ACT-SO youth's name)

I have been advised that (ACT-SO youth's name) _____ (hereinafter, "my Child") is a contestant in the ACT-SO program to be held by the National Association for the Advancement of Colored People in Philadelphia, Pennsylvania (hereinafter, the "ACT-SO program"). The Undersigned herewith consents to the participation of my Child in the program and authorizes the NAACP/ACT-SO members and volunteers to act as chaperones in loco parentis for my Child.

The undersigned agrees that each chaperone shall act in loco parentis and use all reasonable means, as may be deemed necessary, to care for my Child for the period of time that my Child is en-route to, attending, and returning from the ACT-SO program.

In consideration of my Child's participation in the ACT-SO program I, the undersigned parent/guardian, hereby waive, release, and discharge the NAACP, its directors, officers, employees, agents, or other representatives, and each ACT-SO chaperone, from any and all liability for the death, disability, personal, emotional or other injury to my Child that occurs during or as a result of attendance or participation in, the ACT-SO program, including, but not limited to claims arising out of my child's or another's negligence. I also agree to indemnify and hold harmless the entities and/or individuals mentioned in this paragraph from any liability, damages or claims of every kind and nature made by other individuals or entities as a result of my Child's attendance and/or participation in the **ACT-SO program. THIS WAIVER, RELEASE AND DISCHARGE COVERS MY PERSONAL RIGHTS AND MY RIGHTS AS GUARDIAN of my Child.**

(Parent/Guardian)

(Parent/Guardian)

(Minor child/ACT-SO Participant)

(Witness Signature)

CHAIRPERSON SIGNATURE:

(Print)

(Signature)