



Dare to Dream Young Girls Network, Inc.

Creating Bonds and Cherished Memories for Life!

SPA PARTY RELEASE & EMERGENCY CONTACT

Child's Name: (Participant) _____
Parent/ Guardian Name: _____
Address: _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Email _____
Date of Birth ____/____/____ Actual Age: _____ 5-9/ _____ 10-12/ _____ 13 - 16
School Attend _____ Current Grade _____
Alternate Contact/ Pickup: _____
Relationship: _____ Contact Number: _____
*Note allergy concerns: (Food, Smells, Skin Products) _____

Photography - Video Release (Mandatory for event registration)

XXX Permission is granted to Dare to Dream Young Girls Network, Inc., for any photograph/video of my child that is taken during the participation of this event. I understand that any photography or video footage taken will be used solely for publicity purposes; website, news media, print publications, etc. relating to Dare to Dream Young Girls Network, Inc. This permission may be extended during and after all organizational programming and/or functions. Furthermore, I give permission to use photographs /videos without expectation of compensation.

General Release and Waiver of Liability

I hereby acknowledge that participation is voluntarily at the "Spa Escape & Retreat" enrichment activity, hosted and sponsored by Dare to Dream Young Girls Network Inc. (referred to herein as "sponsors") It is my understanding that this activity/event is for entertainment purposes only. I clearly understand there will be no harmful chemicals or life threatening products used during this activity for children. (All allergies have been noted)

The child, known as the (participant), and their parent hereby assumes full responsibility on behalf of themselves for all liability, and all risk of injury or loss which may result in the child's participation in the "Spa Escape & Retreat" enrichment activity held by Dare to Dream Young Girls Network, Inc. The participant and their parent hereby holds harmless, releases, waives, forever discharges and consents not to bring legal action or claim against the Sponsors from any and all legal and demands the participant and their parent may have by reason of any incident, illness, injury or death, or damage to or loss or destruction of any property, arising or resulting directly or indirectly from the child's participation in any program hosted by Dare to Dream Young Girls Network, Inc.

I hereby acknowledge that the participation in the "Spa Escape & Retreat" enrichment activity and/or program and all other events does not in any manner establish an employer-employee or agency relationship with the sponsors, either collectively or individually.

I hereby certify that I have been granted specific authority by an adult parent/guardian to participate into the General Release and Waiver of Liability.

This General Release and Waiver of Liability is binding on the successors and assigns of the participant, and the heirs, executors, parents and family member of the parents on behalf of the participant.

Parent Signature: _____ Date: ____/____ 2021

SPECIAL NOTE: ALL SERVICES PERFORMED ARE FOR ENTERTAINMENT PURPOSES ONLY!!!

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