



PARENTS/GUARDIANS CONSENT FORM
BOSSIER YOUTH LEADERSHIP

TO: Bossier Youth Leadership Bossier City, LA 71111

PARTICIPANT _____

ADDRESS _____

CITY _____ STATE _____ PHONE _____ **MUST HAVE**

PARENTS/GUARDIANS _____

AGE _____ BIRTH DATE _____

ALTERNATE CONTACT _____ PHONE _____

SPONSORING ORGANIZATIONS Bossier Chamber of Commerce and Bossier Parish School Board

ADDRESS 710 Benton Road, Bossier City, LA 71111

We, the undersigned parents/guardians of the above named participant, grant permission for the participant to participate in

Monthly Leadership Sessions DATES August, 2012 - May, 2013

We have been advised of the nature and extent of the activities that may take place and represent to you that the participant is physically and mentally able to participate in those activities.

We understand that the activity does present the risk of injury, or even death, to the participant, and we have advised the participant of those possibilities. We represent to you that we and the participant assume the risk of any such injury or death, and hold you, your agents, employees, and representatives harmless from any liability for injury or death to the participant while engaged in this activity which is caused or contributed to by the conduct of the participant, and agree to indemnify and defend you against any claim or liability asserted against you for any such injury or death to participant.

We also hold you, your agents, employees, and representatives harmless from all liability to any other person or entity arising as a result of the conduct of the participant in this activity and agree to defend and indemnify you, your agents, employees, and representatives against any claim of liability arising as a result of such conduct.

If we are not personally present at these activities in which the participant is to participate, so as to be consulted in the case of necessity, you are authorized on our behalf to arrange for such medical and hospital treatment as you may deem advisable for the health and well being of the participant.

The activity begins (will vary) and the participant should return at (will vary), I authorize transportation by Bossier Parish School Board.

Parents/Guardians Signature _____ Date _____

Participant's Signature _____ Date _____