



# UCF Young Women Leaders Program

P.O. Box 161994, UCF, Orlando, FL 32816 407.823.6502 ywlp@mail.ucf.edu



Welcome to the *YWLP Alumnae Club*! As part of your child's participation, we ask you as the parent or guardian to sign the following agreement.

### PERMISSION AND EMERGENCY MEDICAL ATTENTION:

My daughter \_\_\_\_\_ has permission to participate in the *Young Women Leaders Program Alumnae Club* and I agree to support her relationship with her Big Sister Mentor. I also give my child permission to participate in the *YWLP Alumnae Club* wait list, group, and mentoring activities. I give my child permission to be transported by *YWLP Alumnae Club* and its volunteers. I agree not to hold *YWLP Alumnae Club* or its volunteers liable for any illness, injury, or accident, which may occur on these outings. I hereby authorize the *YWLP Alumnae Club* staff/volunteer to obtain appropriate emergency medical attention for the above-named child should attention be required while I am unavailable for contact at the telephone number(s) listed below.

My child is allergic to \_\_\_\_\_.

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Contact Telephone Number(s)*

\_\_\_\_\_  
*Signature of Witness*

### WAIVER AND PERMISSION TO TRANSPORT CHILD:

I give permission for my child \_\_\_\_\_ to be transported in a motor vehicle driven by members of the *YWLP Alumnae Club*. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult volunteers. I understand that participation in the identified event is not a requirement for participation in the county or state Extension programs, and is in no way affiliated with the school, school board or its members.

I have read, understand, and discussed with my child that:

- (1) They will be traveling in a motor vehicle driven by an adult and they are to wear their safety-belt while traveling;
- (2) They are expected to respect each other, the vehicles they ride in, and the people they travel with during the trip;
- (3) Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and
- (4) They are to remain in their seats and not be disruptive to the driver of the vehicle.

I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge The Seminole County School Board and The University of Central Florida, their Board of Trustees, their agents, officers, employees, and the Young Women Leaders Program volunteers/employees from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation. I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

Parent/Guardian Name (please print): \_\_\_\_\_

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