



AMERICAN LEGION ARKANSAS BOYS STATE

Universal Permission Form

Effective Dates: May 26th – May 31st, 2019

(Please upload to registration portal pages 1-3)

(A proof of physical copy can replace page 3)

PARENTAL CONSENT & COMMITMENT TO THE WEEK

The undersigned does hereby give permission for my child _____ (child's name)("Delegate"), to attend and participate in any American Legion Arkansas Boys State activities, events, retreats and trips during the period of May 26th – 31st, 2019. One of the most important factors you must consider when making a decision to attend Boys State is deciding whether you want to commit one week of your summer vacation to this event. Once at Boys State you are expected to remain the entire week. The only excused absence is for an extreme personal emergency. There are many activities, camps, job duties, etc. that you could be considering. You must decide between those and your week of participating in Boys State. If prior commitments will not allow you to attend the ENTIRE WEEK please inform your school so that an alternate may take your place. Delegates who leave early for unexcused reasons will not receive credit for attending Boys State. All early departures must go through the director and I am required to inform the school, the Legion Post and financial sponsor of any delegate who fails to complete the week's encampment without valid grounds for his early departure. Also, the refundable key deposit is forfeited by an unexcused early departure.

LIABILITY RELEASE: In consideration of The American Legion Arkansas Boys State allowing the Delegate to participate, I, the undersigned, do hereby release, forever discharge and agree to hold harmless The American Legion, Arkansas Boys State, the Boys State Commissioners, director, volunteers and counselors (collectively herein the "Boys State") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Delegate while involved in the Boys State program. I the parent or legal guardian of this Delegate hereby grant my permission for the Delegate to participate fully in all activities of Boys State including a trip away from the University of Central Arkansas campus to Little Rock to visit the Clinton Presidential Library and the State Capitol. Furthermore, I, on behalf of my minor Delegate, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in Arkansas Boys State and the activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify Boys State for any liability sustained by Boys State as the result of the negligent, willful or intentional acts of said Delegate, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the Delegate has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed in this State or on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned Delegate pursuant to this authorization.

Delegate Initial Acceptance_____

Parent/Guardian Initial Acceptance_____

EARLY RETURN HOME POLICY: Should it be necessary for my Delegate to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my Delegate to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by Boys State. My Delegate and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

By signing below you are accepting that you and your parents fully understand our commitment policy. Please bring this single document and turn in at Arkansas Boys State Registration.

Arkansas Boys State Photo Release Form for Delegate

I agree that Boys State may photograph and record my Delegate's likeness and activities (Images)¹ during Boys State related activities. I grant the following rights to Boys State: permission to use and re-use, publish and re-publish, and modify or alter the Image(s) taken during the shoot. Use of the Images for editorial, commercial, trade, advertising, and any other purpose may be done in any medium now existing or subsequently developed, on the Boys State website and on the Internet, and worldwide in perpetuity for the purposes stated above.

I waive my right to inspect or approve any editorial text or copy that is used in connection with the Images and release and discharge Boys State from any and all claims arising out of use of the Images for the purposes described above, including any claims for libel, invasion of privacy, or other tortuous act.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

Delegates Name (print)

Parent/Guardian Name (print)

Delegate Signature

Parent/Guardian Signature

Date

Parent Phone

¹ Image means all photographs, film, or other recordings taken of you as part of the Shoot.



HEALTH CERTIFICATE

Date _____

TO DIRECTOR OF BOYS STATE

This is to certify that I have examined _____ and find him in good physical condition, able to take part in the usual recreational activities, and free from contagious diseases.

Signed _____ **M.D.**

Address _____

(Examination is to be completed between June 1, 2018 and the day they report to Boys State, Athletic physical exams are accepted)