



CONSENT AND WAIVER for 2021

TO BE COMPLETED BY PARENT OR GUARDIAN

I, the undersigned, am the parent or legal guardian of _____ who is _____ years of age.

I understand and confirm that participation in this American Legion Auxiliary Virginia Girls State program is voluntary and hereby consent and grant permission for my daughter to participate in all activities in conjunction with this program. I understand that the program is to be held virtually the week of **Sunday, June 20 through Friday, June 25, 2021**. On behalf of my daughter, I assume all risks in any way connected with said participation and I accept personal responsibility for any liability, injury, loss, or damage in any way connected with said participation.

In consideration of the benefits and opportunities derived by my daughter as a participant of the American Legion Auxiliary Virginia Girls State program, I do hereby release and discharge the American Legion Auxiliary and Virginia Girls State, their officers, agents, staff, and employees from any and all claims, demands, suits, actions, or courses of action which may, can, or shall have by reason of illness, injury, or accident been incurred or suffered by my daughter while traveling to or from, attending, or participating in said program no matter how caused or occasioned.

I understand and acknowledge that neither basic accident and health insurance nor personal property insurance will be offered or provided by the American Legion Auxiliary or Virginia Girls State in connection with said program, and that provision of such insurance is my own personal responsibility. Furthermore, I give my permission to American Legion Auxiliary Virginia Girls State to use my daughter's name and picture(s), individually and/or in groups, on the ALA VGS website during and after the week of Virginia Girls State.

Does your daughter have any physical or emotional conditions that Virginia Girls State should be aware of? ___ YES ___ NO If "YES" please contact our director at director@vagirlsstate.org

No alterations to the terms stated above may be made. If you are not in agreement with these terms, please contact the director immediately by e-mail at director@VaGirlsState.org.

Parent/Guardian Name: _____

Parent/Guardian Phone: (Day) _____ (Evening) _____

Address: _____

City: _____ State: _____ Zip code: _____

Parent/Guardian Signature

Date

Completed Forms must be received by June 18, 2021 and may be either:
Mailed to Margaret Greene, ALA-VGS On-line Registrar, P.O. Box 639, Montross, VA 22520
Scanned, renamed in the format DelegatesLastName,FirstName-FormName2021 and emailed to registrar@vagirlsstate.org