



Parent/Guardian Consent, Liability, and Media Release Form

Student Information	
Student Name	
Student Email	
Student Phone Number	
Age/Birthday	
School Attends	
Allergies	

Parent Information	
Parent Name	
Parent Email	
Parent Phone Number	
Address	

Please indicate below any permanent or temporary medical or other condition, including special dietary and medication needs, or the need for visual or auditory aids, which should be known about your child:



Media Release

I understand that during Startup Weekend GIRLS, my photograph and/or the photograph of my child may be taken by LWGMS, Up Global, producers, sponsors, organizers, and/or assigns. I agree that my photograph and/or the photograph of my child, including video photography, or other reproduction of my likeness or the likeness of my child, may be used without charge by LWGMS, Up Global, Startup Weekend, producers, sponsors, organizers, and/or its assigns for such purpose as they deem appropriate.

Parent Permission

I, _____, hereby grant my child, _____, permission to participate in Startup Weekend Girls and release LWGMS, UP Global, Startup Weekend, Startup Weekend Girls, visiting business locations, producers, sponsors, organizers, and/or assigns of any and all liability connected with his/her attendance during event hours. I further agree to assume all responsibility for any property damage or injury to any person caused by me or my child while participating in the event and/or activity. I understand that activities may include, but are not limited to: entrepreneurial workshops, team activities, computer programming, leadership development, consuming of snacks and beverages, and more. I understand that I will be responsible for making all arrangements for drop off and pick up from the program. I have read, understand, and approve the Photo/Video Release, and Parent Permission and Release of Liability above.

Emergency contact name: _____

Emergency contact phone: _____

Print Name of Participating Child: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____