



DELTA SIGMA THETA SORORITY, INCORPORATED

Baton Rouge Delta Alumnae Chapter

Delta GEMS

"Catching the Dreams of Tomorrow, Preparing Girls for Success in the 21st Century"

Dear Parent/Guardian:

The women of the Baton Rouge Delta Alumnae Chapter of Delta Sigma Theta Sorority, Inc. would like to extend an invitation to your daughter to participate in Delta GEMS.

Delta GEMS was created to catch the dreams of African American at risk, adolescent girls aged 14 to 18. Delta Gems provides the framework to actualize those dreams through the performance of specific task that develop a "CAN DO" attitude. The Delta GEMS framework is composed of five major components (Scholarship, Sisterhood, Show Me the Money, Service and Infinitely Complete), forming a road map for college and career planning. Topics within the five major components are designed to provide interactive lessons and activities that provide opportunities for self-reflection and individual growth. A primary goal of the program is to prepare young girls for full participation as leaders in the 21st Century.

Monthly Delta GEMS meetings will be held the second Tuesday of every month at the Baton Rouge Delta Alumnae Chapter House (926 Harding Blvd.) at 6 pm. Sessions will last approximately two hours. In addition to the monthly sessions, the young ladies will participate in two community service projects.

If you would like your daughter to become a part of this rewarding experience, please complete the enclosed application packet in its entirety (student application, parent consent, media consent, student health history and contract of conduct). Applications without signatures will not be processed until completed thoroughly. The completed application packet should be submitted no later than Tuesday, September 10, 2013.

If you have any questions, please feel free to contact Ms. Courtney Kirby at (225) 454-2664 or Shadonna Phenix at (225) 803-6760 or via email at Brddeltagems@gmail.com or via phone.

Ms. Courtney Kirby/Shadonna Phenix
Delta GEMS Co-Chairpersons
Delta Sigma Theta Sorority, Inc.
Baton Rouge Delta Alumnae Chapter
Post Office Box 74139
Baton Rouge, LA 70807-4139



DELTA SIGMA THETA SORORITY, INCORPORATED
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PARTICIPANT APPLICATION FORM
2013-2014

Name: _____

Age: _____ Current Grade _____

Address: _____

City, State: _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

School Name: *(Please give FULL name and address)* _____

Favorite School Subjects: _____

Extra-Curricular Activities: _____

Hobbies/Talents: _____

What do you want to gain from participating in Delta Gems? _____

Participant Signature

Date



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PARENT/GUARDIAN CONSENT and WAIVER FORM
2013-2014

Parent/Guardian Name: _____

Relationship: _____

Address: _____

City, State: _____ Zip Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

How did you learn about the Delta Gems? _____

Delta Sigma Theta Sorority, Inc. Connection:

Are you a member of Delta Sigma Theta Sorority, Inc.? Yes No

If active, please provide chapter name: _____

Is a relative a member? Yes No If yes, relationship: _____

If relative is active, please provide chapter name: _____

PARENT/GUARDIAN CONSENT and WAIVER FORM (continued)

My signature below signifies that I grant permission for my child to participate in Delta GEMS workshops, service projects and other educational activities sponsored by the Baton Rouge Delta Alumnae Chapter of Delta Sigma Theta Sorority, Inc. for the period September 1, 2013 thru June 30, 2014.

I understand that the program participants are females between 14 and 18 years of age; who are residents of the Baton Rouge Area; and who are currently enrolled in a public, private, or charter school in the Baton Rouge Area. I also understand that I am expected to facilitate and support my child's attendance and participation on a regularly.

Further, I understand reasonable efforts will be made to supervise my child. I and my child understand that certain conduct (for example, unacceptable sexual conduct, unacceptable dress, violent speech or conduct, and the use of controlled substances or alcohol) will not be tolerated in the program and that the commission of any of these acts will result in immediate dismissal from the program. I understand that in the event that one of these acts occurs, that the co-chairs of Delta GEMS will contact via the numbers provided either the parent or emergency contact person on file. I agree that when I or the emergency contact person is called, the emergency contact person or I will immediately come and pick my child up from the session and/or activity.

Further, I agree not to hold the Baton Rouge Delta Alumnae Chapter of Delta Sigma Theta Sorority, Inc. or Delta GEMS and its members responsible and/or liable for any injuries or illnesses that my child may sustain while in attendance at the sessions of the Delta GEMS. I also agree not to hold the above named organizations, or its members or appointees individually, liable for the loss or destruction of my child's property.

Parent/Guardian Signature

Date



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CONTRACT OF CONDUCT

As a member (or parent) of Delta GEMS:

- I will respect everyone's privacy and right to an opinion,
- I will show everyone respect,
- I will listen to others without interrupting,
- I will not participate in teasing, prying, or bullying,
- I will trust my group members and group leaders.
- I promise to make my best effort to be honest, accepting that no one is perfect and everyone makes mistakes from time to time,
- I will actively participate in all sessions and complete all assignments,
- I will arrive for each session on time,
- I will not participate in any activity or conduct such as illegal activities, fighting, pregnancy, cursing, etc..... That does not meet the standards of the program. Participation in such events will cause dismissal from the program.
- I understand that more than two unexcused absences may result in me being dropped from the program and may also prohibit me from being able to participate in other Delta GEMS activities.

Parent/Guardian:

- I will ensure that my daughter is dropped off and picked up on time for each session.
- I will participate in activities where parental support is requested.
- I will support the purposes of the program by encouraging my daughter to do her very best in all activities by participating and engaging in all sessions.

We have read the above, the *Code of Conduct*, and sanctions for violating the Code. We understand that compliance with the *Code of Conduct* is a condition of participation in Delta GEMS. We agree to follow the above and the detailed *Code of Conduct*.

Participant Signature

Parent/Guardian Signature

Date

Date



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MEDIA CONSENT FORM

I, _____, hereby authorize the Baton Rouge Delta Alumnae Chapter, Delta GEMS to photograph or film my daughter, _____ and consent to the use of her likeness in any and all publications, educational materials, research, advertising, news media, and World Wide Web materials. I understand and agree that such materials, including all negatives, positives, digital images, and prints shall become and remain the sole property of the Baton Rouge Delta Alumnae Chapter Delta GEMS and I shall have no right or title to such items. I further understand and agree that these materials may be kept on file and used by the Baton Rouge Delta Alumnae Chapter Delta GEMS for potential future purposes and further agree to release the Baton Rouge Delta Alumnae Chapter of Delta Sigma Theta Sorority, Inc., Delta GEMS, and Delta Sigma Theta Sorority, Inc. from any and all liability arising from or in connection with the taking, use, publication, or dissemination of such materials. Copies of these photos may be distributed to the parent upon request.

Parent/Guardian Signature

Date



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HEALTH HISTORY/MEDICAL CONSENT FORM

2013-2014

Student Name: _____

Date of Birth: _____ Age: _____ Current Grade: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian Full Name: _____

Phone Numbers: (Home) _____ (Work) _____ (Cell) _____

E-mail Address: _____

Family Medical Insurance Carrier: _____

Policy/Group Number: _____

Family Physician: _____

Physician Phone Numbers: (Day) _____ (Evening) _____

Emergency Contact Information if parent(s) cannot be reached in event of emergency:

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Is the student up to date on her immunizations? Yes No

If no, please explain in box on next page.

HEALTH HISTORY/MEDICAL CONSENT FORM (continued)

Is the student on medication? Yes No

If yes, please list in box below and provide information on dosage to take and times when it should be taken.

Does your student have any allergies? Yes No

If yes, please explain in box below.

Does your student have any special dietary needs/restrictions? Yes No

If yes, please explain in box below.

In the box below, please provide any specific information you think would be helpful, including physical, psychiatric, or behavioral problems.

PARENT PERMISSION STATEMENT

The health history provided is correct as far as I know, and my daughter has my permission to engage in all activities except as noted. If she appears ill, I will not send her.

Emergency Authorization: In the event I, or my designated emergency contact person, cannot be reached in an emergency, I hereby grant permission to The Baton Rouge Delta Alumnae Chapter to secure proper treatment for my child.

Student Name: _____

Parent/Guardian Name (*please print*): _____

Parent/Guardian Signature: _____

Date: _____



**DELTA SIGMA THETA SORORITY,
INCORPORATED**
Baton Rouge Delta Alumnae Chapter

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PARTICIPANT PICK-UP AUTHORIZATION FORM

I authorize the persons listed below to pick-up my child, _____, from the Delta GEMS program. For my child's safety, I understand that all authorized persons on the list below will be asked to show photo identification before my child is released to them; therefore, I will notify all authorized persons of this requirement so that they will have photo identification with them when they arrive to pick-up my child. *(Please include names of either parents or guardians on list below).*

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

By signing below, I verify that I have read and agree to the Student Pick-Up policies described above and authorize the Baton Rouge Delta Alumnae Chapter Delta GEMS to release my child to the persons listed above. I also agree to notify the Delta GEMS in writing of any changes to the above list of authorized persons.

Parent/Guardian Signature

Date



DELTA SIGMA THETA SORORITY, INCORPORATED

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APPLICATION SUBMISSION

All applications must be completed, signed, and submitted no later than Tuesday, September 10, 2013.

If you have questions/concerns, please contact Ms. Courtney Kirby at (225) 454-2664 or brddeltagems@hotmail.com

Completed Application Packets must include the following:

- Completed *Student Application Form*
- Signed *Parent/Guardian Consent And Waiver Form*
- Signed *Contract of Conduct Form*
- Signed *Media Consent Form*
- Completed and signed *Health History/Medical Consent Form*
- Completed *Participant Pick-Up Authorization Form*

By my signature below, I hereby verify that all information included in this application is accurate.

Student Signature

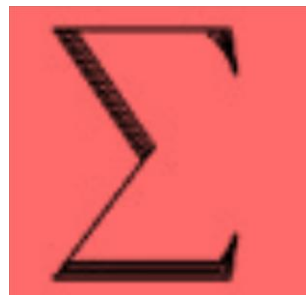
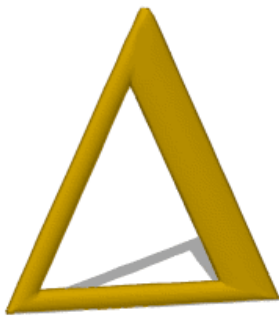
Date

Parent/Guardian Signature

Date

DELTA SIGMA THETA SORORITY, INC.
A Service Sorority

Baton Rouge Delta Alumnae Chapter



RISK MANAGEMENT
Parental Affirmation

PARENTAL AFFIRMATION

I, _____, Parent/Guardian, under penalty of perjury, do hereby affirm to the Baton Rouge Delta Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated that I authorize the participation of _____, Participant Minor Child, in the _____ youth initiatives program (including planned activities), and that I have the legal authority to provide my consent and authorization for such participation.

Printed Name: _____

Signature: _____

Date: _____

Relationship to child: _____

WAIVER AND RELEASE

I, _____, Parent/Guardian, on behalf of _____ (“Participant Minor Child”) do hereby release, waive, discharge, covenant not to sue and agree to hold harmless Delta Sigma Theta Sorority, Incorporated (“Delta”), its officers, Delta Sigma Theta Executive Board, employees, members, local chapters, representatives, agents, affiliates, and assigns (collectively “Releasees”), from any and all claims, demands, and actions of any and every kind directly or indirectly arising out of, or relating in any respect to Participant Minor Child’s participation in the _____ Program.

My waiver and release of all claims, demands, actions, and liability shall include without limitation, any injury, illness, death, property damage or loss to the Participant Minor Child which may be caused by any act, or failure to act, by the Releasees, unless such injury, illness, death, property damage or loss is a direct result of the willful misconduct of any Releasee.

I understand that, without limitation of the foregoing, neither Delta, nor the Program, shall be liable and each is hereby released from all claims that may arise from loss or damage to the Participant Minor Child’s personal property.

Parent/Guardian Signature

Date: _____

CODE OF CONDUCT

FOR YOUTH PARTICIPATING IN YOUTH INITIATIVES PROGRAM

1. Respect all participants (other youths and adult volunteers) by not using foul, hurtful or obscene language or engaging in physical violence, bullying (including cyber-bullying) or other aggressive behaviors that threaten the safety of others.
2. Respect the property rights of other. This means do not damage or deface the building or property within the building where chapter activities are held; do not damage or take the personal property of any other participant or volunteer; and do not use Delta's name or any symbol or logo (Delta's intellectual property) on any clothing, books, bags, or other items.
3. Return supplies to their proper place after using them.
4. Clean up all work areas properly.
5. Listen carefully to directions and when someone else is talking.
6. Respect designated quiet areas, such as homework/reading area.
7. Stay within the program's designated areas within the building.
8. Cooperate and participate in organized activities.
9. Assume full responsibility for all personal belongings. Please leave valuables at home.
10. Do not bring any weapons, cigarettes/drugs, alcohol, or anything illegal to any activity at any time.

Sanctions for Violating Code of Conduct

Bad Language/Abusive Teasing and Related Acts:

1st Time: Verbal warning, *parent or guardian notified from this point forward*

2nd Time: Loss of privileges

3rd Time: 1-day suspension from program

4th Time: 1-week suspension from program

Next occurrence youth is removed from the program.

Physical Violence and Other Misconduct:

1st Time: Removal from situation, loss of privileges, *guardian notified from this point forward*

2nd Time: 1-day suspension from program

3rd Time: 1-week suspension from program

Next occurrence youth is removed from the program.

Illegal Substances or Dangerous Weapons

1st Time: Youth is removed from the program. If a youth is in possession of an illegal substance or dangerous weapon, the police will be notified as well.



With my parent or other adult, I have read the *Code of Conduct* and sanctions for violating the Code. I understand the Code and the sanctions. I will follow the *Code of Conduct*.

_____ Signature

Date _____

I have read and understand the *Code of Conduct* and sanctions for violating the *Code of Conduct*. I understand that my child's compliance with the *Code of Conduct* is a condition of her/his participation in the _____ program. I agree that the sanctions for violating the *Code of Conduct* are reasonable and will help my child comply.

_____ Parent/ Guardian Signature

Date _____

YOUTH PICK-UP AUTHORIZATION FORM

I authorize the persons listed below to pick-up my child from the _____ youth initiatives program. For my child's safety, I understand that all authorized persons on the list below will be asked to show photo identification before my child is released to them; therefore, I will notify all authorized persons of this requirement so that they will have photo identification with them when they arrive to pick-up my child. *(Please include names of either parents or guardians on list below).*

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

By signing below, I verify that I have read and agree to the Student Pick-Up policies described above and authorize the Baton Rouge Delta Alumnae Chapter to release my child to the persons listed above. I also agree to notify the Baton Rouge Delta Alumnae Chapter in writing of any changes to the above list of authorized persons.

Mother/Guardian Signature _____ Date _____

Father/Guardian Signature _____ Date _____



EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Name of Minor: _____
 Date of Birth _____ Age _____
 Address: _____
 City/State/Zip Code _____
 Parent/Guardian Home Phone _____
 Cell Phone _____ E-mail Address _____
 Minor's Gender _____ Height _____ Weight _____

HEALTH INFORMATION

Below please check any current health condition that may require attention during the Program day. Also complete and submit the Medication Authorization Form if your child has health conditions that require medication during the Program day.

Allergies/Sensitivities (be specific)
 Foods _____
 Medicines _____
 Bee sting or insect bite _____
 Other _____

- Asthma Inhaler required at Program
- Vision Problems Glasses Contacts
- Hearing Problems Hearing Aid(s)
- ADD/ADHD
- Other

List all medications and dosages your child receives on a continual basis: _____



PHYSICIAN & INSURANCE INFORMATION

Name of Child's Physician _____ Phone _____

Health Insurance Company _____ Phone _____

Policy Number _____ Group Number _____

Insurance Company Address _____

City/State/Zip Code _____

Name of Policy Holder _____

Name of Policy Holder's Employer _____

Parent/Guardian Signature _____ Date _____



EMERGENCY CONTACT INFORMATION

Parent/Guardian #1

Name _____ Relationship _____
Street Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____ Cell Phone _____
E-mail address _____

Parent/Guardian #2

Name _____ Relationship _____
Street Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____ Cell Phone _____
E-mail address _____

If for any reason I/we cannot be reached, please contact the following person(s) whom I/we hereby authorize to seek emergency medical or surgical care for my/our child.

Name: _____ Relationship to Student _____
Home Phone _____ Work Phone _____ Cell Phone _____
Name: _____ Relationship to Student _____
Home Phone _____ Work Phone _____ Cell Phone _____

In the event that the Program is unable to reach any of the individuals named above promptly by phone, I/we authorize the Program to seek and secure any emergency medical or surgical care for my/our child. I/We will be responsible for any and all expenses incurred and authorize the medical facility at which treatment is rendered to release all necessary information to my/our insurance company.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

CONFIDENTIALITY POLICY

It is the policy of _____ Chapter of Delta Sigma Theta Sorority, Incorporated (“Delta”) to protect the confidentiality of its youth participants and their families. Except as provided below, _____ Baton Rouge Delta Alumnae Chapter will only share information about participants and their families with other Delta chapter members and Delta employees assigned to assist with youth initiative programs, on a “need to know basis.” To carry out the mission of its _____ program and to better serve the needs of the youth participants, the Baton Rouge Delta Alumnae Chapter must collect certain personal information about youth participants and their families, including, but not limited to, the following “Confidential Information”:

- Name, address, and age of participant
- School participant attends
- Names and addresses of parents or guardian.
- Medications and physical conditions/limitations
- Any distinguishing marks or characteristics (such as disfigurement physical limitations)

Limits of Confidentiality: Confidential information may be shared with individuals or organizations as specified below under the following conditions, and *provided that* the party to who seeks any disclosure agrees in writing to maintain the confidentiality of the disclosed information as specified in this Confidentiality Policy:

- Delta Officers and Members of the Board have access to any participant’s files only upon directive by the Delta Sigma Theta President. Any directive shall identify the person(s) authorized to review such records; the specific purpose for such review; and the period of time during which access shall be granted. Such Officers or Members of the Board granted access shall be required to comply with this Confidentiality Policy and may use the information only for purposes specified in the Delta Sigma Theta President’s directive.
- Information may only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena or court order.
- Information may be provided to Delta’s legal counsel in the event of litigation or potential litigation involving Delta and/or the Program participants or any aspect of the Program.
- Members of Baton Rouge Delta Alumnae Chapter and volunteers who observe or suspect child abuse are “mandatory reporters” and, as such, must disclose suspected abuse to the proper authorities, and in making such reports, may disclose “Confidential Information.”

Safekeeping of Confidential Records: The President of Baton Rouge Delta Alumnae Chapter or her designee shall be the custodian of confidential records. It is her responsibility to supervise the management of Confidential Information in order to ensure safekeeping, accuracy, accountability, and compliance with this Confidentiality Policy.

Requests for Confidential Information by Other Agencies: Any request from other organizations or persons for Confidential Information shall be honored only if the request is accompanied by written authorization from the parents or guardians of the youth participant expressly permitting the release of the requested information.

Violations of Confidentiality: Known violations of this Confidentiality Policy (by volunteers or youth participants) shall be reported to the chapter president or her designee. A violation of this Confidentiality Policy shall result in disciplinary action up to and including suspension or termination from the Program, as appropriate.

No Liability: There shall be no liability to Delta, the Baton Rouge Delta Alumnae Chapter, or any volunteer or youth participant for disclosing information that is required to be disclosed by a court, an administrative body of competent jurisdiction, a governmental agency, or by operation of law.

DELTA SIGMA THETA YOUTH INITIATIVE SIGN IN/SIGN OUT POLICY

It is the policy of the Baton Rouge Delta Alumnae Chapter, Delta Sigma Theta Sorority, Incorporated that all participants (youths, members, and other volunteers) and visitors must sign-in and out of its _____ Youth Initiative Program (“Program”). The required sign in/sign out procedures follow:

1. The chapter shall maintain and use a daily sign in log that reflects the following: name of the youth initiative; the date; the time in and the time out; and the names of the participants, with a column for the participant and visitors to check her/their status (as member, youth, volunteer, or visitor). The form should distinguish whether a member is assisting with the Program or is a visitor/observer.
2. Only authorized persons (those identified in writing) will be allowed to pick up a participant from the Program. Volunteers shall refuse to release a participant to any person, whether related or unrelated to the youth, who has not been authorized, in writing, by the parent or guardian to receive the youth.
3. One of the following procedures shall be observed during departure and return:
 - a. Parents or an authorized representative will sign out youth.
 - b. Older youth who have written parental permission will be allowed to leave the program on their own. Members will establish a system where the youth check themselves out with an approved volunteer; the approved volunteer will ensure that the youth signed out and initial the attendance sheet.
 - c. When chapters provide transportation to off-site sponsored events, members will develop and implement a system to ensure that all youth participating for the day board the correct bus or other vehicle at the time of departure to and return from a scheduled activity.

Chapters should clearly communicate to parents or guardians that, if a parent or guardian wishes to arrange alternative transportation for their child to attend an off-site activity, the youth may join the group at the event or activity, but the Baton Rouge Delta Alumnae Chapter assumes no responsibility or liability for the youth participant for any non-chapter-sponsored activity or transportation.



PHOTOGRAPH AND VIDEO AUTHORIZATION AND RELEASE FORM

I/We, _____ (“Parent/Guardian”), as parent(s) or legal guardian(s) of _____, give permission for Baton Rouge Delta Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated (the “Chapter”) to publish on the Internet or media still photographs or moving images, including, if applicable any sound recordings accompanying the images (“Images”) taken of my child at _____ Youth Initiative Program on _____ (date of the event), without payment or any consideration and without notifying me.

I/We understand and agree that these Images will become the property of the Baton Rouge Delta Alumnae Chapter, which shall have complete ownership of the Images. I hereby irrevocably authorized the Baton Rouge Delta Alumnae Chapter to publish or distribute these Images for the purpose of publicizing the Chapter’s programs, including the _____ Youth Initiative Program or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my child’s likeness appears. Additionally, I waive any rights to royalties or other compensation arising out of or related to the use of the Images.

I/We hereby hold harmless and release and forever discharge the Baton Rouge Delta Alumnae Chapter and any of its officers and members; Delta Sigma Theta Sorority, Incorporated; its officers; Delta Sigma Theta Executive Board; employees; members; representatives; agents; and assigns from any and all claims, costs, suits, actions, judgments, and expenses which my child, his/her heirs, representatives, executors, administrators, or any other persons acting on his/her behalf have or may have by reason of the use of the Images. This release specifically includes, without limitation, a complete release and discharge of any liability by virtue of any editing, distortion, alteration, or optical illusion, whether intentional or otherwise, that may occur or be produced in the taking of or editing of said Images, unless it can be shown that such was maliciously caused, produced and published solely for the purpose of subjecting my child to conspicuous ridicule, scandal, reproach, scorn and indignity.

I/we hereby certify that I/we are the parents/guardians of _____, and do hereby give my/our consent without reservation to the foregoing on behalf of my/our child.

Parent/Guardian Signature

Date

Print Name

Parent/Guardian Signature

Date

Print Name



FIELD TRIP PERMISSION

Date: _____ **Departure Time:** _____ **Return Time:** _____

Destination: _____ **Purpose of Trip:** _____

Mode of Transportation: _____ **Chair of Event:** _____

I/We, _____ (“Parent/Guardian”), as parent(s) or legal guardian(s) of _____ (“Child”), give permission for my/our Child to participate in the _____ Youth Initiatives Program’s (the “Initiatives”) activities taking place off site. I/we understand that transportation to and from these activities will be provided for my/our Child by the Baton Rouge Delta Alumnae Chapter.

I/We understand that the field trips are part of the Initiatives and if I/we choose to not have my/our Child participate in one or more off-site activities, I/we must make other care arrangements for my/our child during the times of that field trip activity.

I/We assume all risks and hazards of loss or injury of any kind that may arise in connection with such trips, except for gross negligence or intentional infliction of harm by the Initiatives, its officers, agents or employees.

I/We do hereby agree to release and hold harmless the Initiatives, Delta Sigma Theta Sorority, Incorporated, its officers, Delta Sigma Theta Executive Board, employees, members, representatives, agents and assigns from any and all claims, costs, suits, actions, judgments, and expenses for any damage, loss, or injury to my/our child or damage to my/our child’s property arising from my/our child’s participation in field trips, other than damage, loss, or injury that results from gross negligence or intentional infliction of harm by the Initiatives, Delta Sigma Theta Sorority, Incorporated, its officers, Delta Sigma Theta Executive Board, employees, members, representatives, agents and assigns.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Note: A separate form must be used for EACH field trip.