

**Palmetto Girls State
American Legion Auxiliary, Dept of South Carolina**

WAIVER OF CLAIM

The undersigned, parents (surviving parent or guardian) of _____,
(Name of Delegate to Palmetto Girls State)

a student at _____ High School and residing at _____,
(Name of High School) (Physical Address)

_____, in consideration of instruction and training to be given to
(City, State, Zip Code)

_____ a citizen of Palmetto Girls State, Inc., American Legion Auxiliary,
(Name of Delegate to Palmetto Girls State)

Department of South Carolina, to be held in Columbia, South Carolina on the dates of June 7 to June 13, 2009 (inclusive), do hereby give consent for her to participate fully in all planned activities of Girls State including any field trips which are a scheduled part of the program of Girls State.

This will certify that we, the undersigned, (parents or guardians) of _____, in
(Name of Delegate to Palmetto Girls State)

the event that our (my) daughter becomes a participating member of the Palmetto Girls State to be held in Columbia, South Carolina, June 7 to June 13, 2009 (inclusive), do hereby consent and grant permission to the furnishing of medical treatment and hospital services as ordered or recommended by a qualified attending physician should the necessity of medical care arise, and that we, the undersigned will be responsible and will pay for all costs associated with any such medical treatment and/or hospital services. Permission includes the administration of anesthetic, laboratory procedures, medical or surgical treatment, x-ray examination or other hospital services.

This will further certify that we(I), the undersigned, in consideration of the benefits to be derived by our (my) daughter, in the event she is a member of the Palmetto Girls State to be held in Columbia, South Carolina, June 7 to June 13, 2009, (inclusive), do hereby release and discharge Palmetto Girls State, Inc., and the American Legion Auxiliary, its officers, agents, instructors, employees, and volunteers from any and all claims, demands, damages, suits, actions, or causes of action which we (I) may, can, or shall have by reason of any illness, injury, or accident incurred or suffered by our daughter while traveling to, attendance at, or participation in the Palmetto Girls State program from the time of her departure from home until her return thereto. Further, we (I) understand that Palmetto Girls State assumes no responsibility for sickness, illness, or injury due to accident or any other reason.

Does your daughter have any physical or emotional condition that Palmetto Girls State should be aware of? Yes _____ No _____.
If YES, please explain on the reverse side.

(To be signed by girl's parents, witnessed, and submitted at registration on Sunday, June 7, 2009.)

NO APPLICANT WILL BE ACCEPTED WITHOUT THIS WAIVER. (Please complete this form before arriving at Palmetto Girls State. This form need not be witnessed by the staff of Palmetto Girls State provided all information for the witness is included.)

Dated this _____ day of _____, 2009.

WITNESS INFORMATION (MUST BE AN ADULT)

PARENTS OR GUARDIAN

Signature of witness

Signature of father or guardian

Print or type name of witness here

Signature of mother or guardian

Mailing address of witness

Mailing address of parents or guardian

City, zip

City, zip

Telephone number

Telephone number