



**The National Coalition of 100 Black Women Inc.**  
**West Palm Beach Chapter**  
**HOPE for Girls Application**



<i>NAME:</i>		<i>GRADE:</i>
<i>HOME ADDRESS:</i>		
<i>CITY, STATE, ZIP CODE:</i>		
<i>EMAIL:</i>	<i>CELL PHONE:</i>	<i>HOME PHONE:</i>
<i>CLUBS/ORGANIZATIONS:</i>		
<i>HOBBIES/INTEREST:</i>		
<i>ARE YOU INVOLVED IN ANY OTHER EXTRACURRICULAR OR SPORT ACTIVITIES?</i>		
<i>PARENT/GUARDIAN INFORMATION:</i>		<i>RELATIONSHIP:</i>
<i>HOME ADDRESS:</i>		
<i>CITY, STATE, ZIP CODE:</i>		
<i>EMAIL</i>	<i>CELL PHONE:</i>	<i>HOME PHONE:</i>

**If for any reason I/we cannot be reached, please contact the following person(s) who I/we hereby authorize to seek emergency contact.**

<i>NAME:</i>		<i>RELATIONSHIP TO STUDENT:</i>
<i>HOME PHONE:</i>	<i>WORK PHONE:</i>	<i>CELL PHONE:</i>
<i>NAME:</i>		<i>RELATIONSHIP TO STUDENT:</i>
<i>HOME PHONE:</i>	<i>WORK PHONE:</i>	<i>CELL PHONE:</i>

In the event that the Program is unable to reach any of the individuals named above promptly by phone. I authorize the Program to seek and secure any emergency medical care for my daughter. I 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 insurance company.

<i>PRINT NAME:</i>	<i>DATE:</i>
<i>PARENT/GUARDIAN SIGNATURE:</i>	

## PHOTOGRAPH AND VIDEO AUTHORIZATION AND RELEASE FORM

I \_\_\_\_\_ (Parent/Guardian) of \_\_\_\_\_, give permission for the **West Palm Beach Chapter of the National Coalition of 100 Black Women Inc.** to publish on the Internet or media still photographs or moving images, including if applicable, any sound recordings accompanying the images taken of my child at HOPE for Girls Program without payment or any consideration and without notifying me. I understand and agree that these images will become the property of the Chapter, which shall have complete ownership of the Images. I hereby irrevocably authorized the Chapter to publish or distribute these Images for the purpose of publicizing the Chapter's programs, including the **Hope for Girls 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 hereby hold harmless and release and forever discharge **the Chapter** and any of its officers and members; the National Coalitional of 100 Black Women, Incorporated; its officers, National 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 her behalf or may have by reason of the discharge of my 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 hereby certify that I, the parent/guardian of \_\_\_\_\_ and do hereby give my consent without reservation to the foregoing on behalf of my daughter.

PRINT NAME:	DATE:
PARENT/GUARDIAN SIGNATURE:	

### WAIVER AND RELEASE

I, \_\_\_\_\_ (Parent,) on the behalf of \_\_\_\_\_ (Participant) do hereby release, waive, discharge, covenant not to sue and agree to hold harmless **the National Coalition of 100 Black Women, Inc.**, its offers, Executive Board, employees, members, local chapters, representatives, agents, affiliates, and assigns(collectively "Releases'"), 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 **HOPE for Girls** 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 an act, or failure to act, by the Releases', unless such injury, illness, death, property damage or loss is direct result of the willful misconduct of an Releasee.

I understand that, without limitation of the foregoing, neither NCBW, 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.

PRINT NAME:	DATE:
PARENT/GUARDIAN SIGNATURE:	