

**PARENT/GUARDIAN CONSENT, LIABILITY WAIVER, AND PHOTO RELEASE FORM
For Participation in the "In Their Shoes: Teens & Dating Violence" Interactive Program**

Hosted by: GFWC Miami Springs Woman's Club & Miami Springs Police Department
Location: 200 Westward Drive, Miami Springs, FL 33166
Date: Saturday, April 26, 2025

Participant's Name: _____
Age: _____
Parent/Guardian Name: _____
Phone Number: _____
Email: _____

1. Acknowledgment and Assumption of Risk

I, the undersigned parent/guardian, understand that my child's participation in the *In Their Shoes: Teens & Dating Violence* interactive program involves role-playing scenarios that address sensitive topics such as dating violence, emotional abuse, and decision-making in relationships. While the program is designed to educate and empower participants, I acknowledge that some content may be emotionally challenging. I voluntarily assume all risks associated with my child's participation in this program.

2. Liability Waiver and Release

I, on behalf of my child and myself, hereby release, waive, discharge, and hold harmless the GFWC Miami Springs Woman's Club, Miami Springs Police Department, their officers, directors, employees, volunteers, and affiliates from any claims, liabilities, damages, or injuries that may arise from my child's participation in this program. I understand that reasonable measures will be taken to ensure the safety and well-being of all participants. I acknowledge that it is my responsibility to notify program organizers of any medical conditions or concerns affecting my child's participation.

3. Emergency Medical Authorization

In the event of a medical emergency, I authorize program organizers to seek medical attention for my child and to provide emergency medical care if necessary. I understand that I will be responsible for any costs incurred for such care.

Does your child have any medical conditions, allergies, or special needs?

- No
 Yes (please specify): _____

Emergency Contact Name: _____
Emergency Contact Phone Number: _____

4. Photo & Video Release Consent

I grant permission to the GFWC Miami Springs Woman's Club and the Miami Springs Police Department to take photographs and/or videos of my child during the *In Their Shoes: Teens & Dating Violence* program. I understand that these images may be used for educational, promotional, and outreach purposes, including but not limited to social media, websites, newsletters, and press releases.

5. Parent/Guardian Acknowledgment & Signature

I have read and understand this waiver and release form. I voluntarily agree to the terms stated above on behalf of my minor child.

Parent/Guardian Signature: _____
Date: _____