

**Thank You Darlin' Foundation**  
**Parent Consent/Release/Waiver of Liability Form**

Thank You Darlin' Foundation is a fully accredited not-for-profit, tax-exempt organization that has partnered with your school/organization to build confidence, literacy and leadership skills in your student. Your son/daughter expressed interest in participating in our annual poetry slam (a poetry writing and performance competition) on **Saturday, April 19th at TCC.** *First place winners receive a cash prize.* All participants receive recognition.

TIME:

**Participant check-in is at 11:30 a.m.**

Performance – 1:00 – 3:00 p.m.

LOCATION:

Tarrant County College- Trinity River Campus

Energy Auditorium (TRTR4008)

300 Trinity Campus Circle, Fort Worth, TX 76102

Student's School/Organization \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Name of student's parent/guardian \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

1. I give my permission so that:

My child's writing, artwork, photos or video may be published by the Thank You Darlin' Foundation in media including the internet, television, cable, newspapers and radio.

2. I hereby release, indemnify and hold harmless the Thank You Darlin' Foundation and the organizers, sponsors, officers, employees, volunteers, committees and boards, from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law.

3. I have read and understand this consent, release, indemnification and hold harmless form. I voluntarily sign it and hereby give permission to the Thank You Darlin' Foundation for emergency transportation and/or treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation and/or treatment. I further certify that my child is in good physical condition, and has no medical or physical conditions that would restrict his/her participation in this activity or program.

Initial here: \_\_\_\_\_

My initials above signify that I have read, understand and agree with the paragraphs above.

Signature of parent/guardian: \_\_\_\_\_ Date \_\_\_\_\_