

FAD OVER FASHION YOUTH (AGE 13-17)
LOCK-IN
PERMISSION SLIP AND MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for my child (name)

_____ (age) _____
to participate in the Fad Over Fashion Youth All Night Lock-In.

In the event of injury, illness or emergency, I hereby authorize the City of Atlanta, and or its officials, agents, and employees to secure medical care and treatment for my child, including, but not limited to X-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and/or hospital care as deemed reasonably necessary for the safety and welfare of my child. I agree to assume financial responsibility for any resulting medical charges. **(Parents/guardians will be called if something happens, this is in case the City of Atlanta cannot get in touch with a parent/guardian.)**

Please circle **A** or **B** and complete applicable fields:

A My child has no special problems or medical needs of which the staff should be aware of.

B My child is in need of special care:

Medication: _____

Other: _____

Food or drink that my child should not receive: _____

Any allergies: _____

I fully understand that my child is required to follow all rules and requirements governing conduct during the lock-in. I hereby acknowledge that if my child is determined to be in violation of these behavior standards, he/she will be sent home. **Parents/guardians will be called to come and pick up their child who will be restricted from further involvement until parent/guardian arrives.**

I, the undersigned, hereby acknowledge that while officials, agents, and employees of the City of Atlanta will make every reasonable effort to watch and oversee my child while at the lock-in, I acknowledge that all incidents associated with activities cannot be foreseen.

I, the undersigned, hereby release and discharge the City of Atlanta and its officials, agents, and employees from any claims, causes of action, costs, obligations or financial responsibility resulting from or arising out of any accident occurring while my child is participating in activities at the lock-in.

I, the undersigned, hereby grant permission to the City of Atlanta to take and use: photographs, video images of my child in news releases and/or other printed and electronic publications/communications. I further agree to allow my child, if he or she is requested and is willing, to be interviewed by the news media in reference to the youth lock-in and the youth fashion debate.

If the City of Atlanta or its officials, agents, and/or its employees are held financially responsible to or for my child for any such incident, injury or accident, I agree to indemnify and hold harmless, the City of Atlanta, its officials, agents and/or its employees from any such responsibility including costs, damages, and attorney fees incurred by the City of Atlanta, its officials, agents and/or its employees.

X _____ Date: _____
Parental Consent Signature

Only individuals who have submitted this permission slip may participate. No other individuals may participate by way of another's permission slip.

Participant's Name: _____ Birthdate: _____ Age: _____

School: _____ Address: _____

Home Address: _____ Participant's cell phone # _____

City: _____ State: _____ Zip Code: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Authorized adult to pick-up participant:

_____ Phone: _____
Name

Deadline for Registration January 15, 2008

SPACE LIMITED TO FIRST 200 APPLICANTS

Pre-register using one of the methods below and bring consent form with parental consent signature to the event on January 18, 2008 at 7:00pm!

Fax to: 404-658-6561

Email name, address, phone and school to: jbivens@atlantaga.gov

Deliver to: Atlanta City Council
55 Trinity Avenue
Suite 2900
Atlanta, GA 30303