

**Consent for Youth Participation**

**Student's Name:** \_\_\_\_\_

**I hereby request and consent that my child or ward \_\_\_\_\_ be permitted to travel to and from and participate in the Iowa Youth Congress and related activities, presented by the Iowa Division of Latino Affairs in collaboration with the Iowa Commission on the Status of African Americans and the Commission on the Status of Iowans of Asian & Pacific Islander Heritage, Sisters on Target and Diversity Focus.**

**I understand and agree to the following:**

- The Iowa Youth Congress is designed as a means to educate students about the legislative process, state government operations, leadership, and group dynamics.
- My child or ward will be responsible for his/her own transportation and the State of Iowa is not responsible for any transportation concerns. Iowa Youth Congress will reimburse for mileage expenses at the accepted State rate upon filing a W-9 form with IDLA. It is expected that students with vehicles will remain present at the event for the duration of the event. In the event that students leave, the Iowa Department of Human Rights and all officials, employees, agents, and volunteers are not responsible. Staff will notify parents in any case where students leave prior to the end of the Youth Congress. If students must leave prior to the end of the Youth Congress, parents will notify Frances Collins-Dusseault prior to the start of the event.
- In consideration of my child or ward being allowed to participate in the Youth Congress and related activities, I hereby release and discharge the Department of Human Rights, Iowa Youth Congress and all officials, employees, agents, and volunteers associated with the Youth Congress and related activities from any and all claims and demands arising out of or in any way connected with my child or ward's participation in the Youth Congress and related activities.
- I agree to indemnify and hold harmless the Iowa Department of Human Rights, Iowa Youth Congress and other sponsoring agencies, and other sponsoring agencies' officials, employees, agents, and volunteers against any and all liability, damage loss, claims or demands whatsoever, including attorney fees, which arise out of or are in any way connected with my child or ward's participation in the Youth Congress or related activities.
- I authorize any official, employee, agent, or volunteer to consent to emergency medical treatment as necessary for the health and safety of my child or ward. I further agree that no official, employee, agent, or volunteer will be held responsible for injuries or damages arising from the provision of any such emergency medical treatment. I do hereby agree to indemnify and hold harmless the Department on Human Rights, Iowa Youth Congress and other sponsoring agencies' officials, employees, agents, and volunteers from any and all liability, damage, loss, claims, or demands whatsoever, including attorney's fees, which arise out of or are in any way connected with the provision of such emergency medical services.

I further grant permission for \_\_\_\_\_ to appear in person or in voice, video, or photographic presentation for radio, television, the Iowa Youth Congress website, electronic or print media reports and/or media campaign(s) resulting from participation in the Youth Congress.

Participants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_