



THE ADVANTAGE MENTORSHIP AND LEADERSHIP ACADEMY

PARENTAL CONSENT AND MEDICAL AUTHORIZATION FORM

PARENTAL CONSENT

I, the parent(s) or legal guardian(s) of this participant, hereby give permission for my son/daughter,

| Child's Name | Birthdate |
|--------------|-----------|
| | |

to participate fully in the various sessions planned by The Advantage Mentorship And Leadership Academy Program. I, the undersigned, hereby agree to hold harmless and indemnify The Advantage Mentorship And Leadership Academy, its directors, employees, volunteers, and representatives from any and all liability, personal injuries, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the child-participant while he/she is participating in the above-mentioned program and associated sessions.

| Parent/Guardian's Signature | Parent/Guardian's Printed Name | Date |
|-----------------------------|--------------------------------|------|
| | | |
| Parent/Guardian's Signature | Parent/Guardian's Printed Name | Date |
| | | |

MEDICAL AUTHORIZATION

In case of injury or illness, The Advantage Mentorship And Leadership Academy program representatives have my permission to procure medical treatment for the above-named minor. I understand that The Advantage Mentorship And Leadership Academy does NOT provide medical insurance or reimbursement for medical fees or prescriptions. Furthermore, I am responsible for any and all fees and any charges arising from illness or injury that may occur to the above-named minor during the sessions with The Advantage Mentorship And Leadership Academy.

| Parent/Guardian's Signature | Parent/Guardian's Printed Name | Date |
|-----------------------------|--------------------------------|------|
| | | |
| Parent/Guardian's Signature | Parent/Guardian's Printed Name | Date |
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Is there any pertinent medical information we should know about your child?

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Physician's Name and Phone

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Family Health Plan

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Subscriber's Full Name

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Insurance Mailing Address

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