**AAUW Legacy of Women’s Suffrage State Grant Project**

**(aka “Legacy”)**

**Student Participant/Parent Waiver & Permission Form**

Project Description: Local female high school juniors and seniors who are curious and/or interested in pursuing a career in public office, via an after-school, mostly virtual format, will study election issues, the women’s suffrage movement, commemorate the anniversary of women’s right to vote via an informational table at the Cerritos Public Library (see event flyer), conduct a teen voter pre-registration drive at the adjacent sidewalks to Cerritos High School (see event flyer) and get the opportunity of virtually interviewing former women elected officials.

Virtual Meeting Dates: July 17, 2021, August 21, 2021, September 18, 2021, November 20, 2021, December 11, 2021, January 15, 2022, February 26, 2022 and a March 2022 (La Palma-Cerritos AAUW Speakers Forum – TBA, MAYBE an in-person event, dependent on LA County Public Health Advisories)

Two Event Locations: Cerritos Public Library and Cerritos High School/Street Intersection

Two Event Dates: Thursday, August 26, 2021 (Equality Day with Voter Registration) and Saturday, October 9th, 2021 (Silent Sentinel/Get Out the Vote” event - teen voter pre-registration – see flyer)

STUDENT/PARTICIPANT NAME: (Please print legibly)

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“Legacy” DESIGNATED DRIVER: “Legacy” Project Advisor, Norma Williamson

I/We give permission for my/our daughter to:

1. Have her personal name be included in local published newspaper articles that describe the AAUW “Legacy” project (circle one choice): YES NO
2. Write an article, with her name as author, to be submitted for publication in a local newspaper that describes “Legacy” project events and activities (circle one choice):

YES NO

1. Have her image submitted for publication in a local newspaper article as a participant in “Legacy” activities (circle one choice): YES NO
2. Reach out and talk to community members about voter registration, AAUW, women’s suffrage, project information, etc. (circle one choice): YES NO
3. Display student made public signs (that encourage voting and voter registration; see event flyers) at the August 26th and October 9th events (circle one choice): YES NO
4. Encourage teen voter pre-registration on social media posts (circle one choice): YES NO
5. Virtually interview the film maker of women's suffrage movies (Martha Wheelock, of Wild West Women; visit <https://wildwestwomen.org/our-films/california-women-win-the-vote/>) (circle one choice): YES NO
6. Possibly wear a suffrage era, full dress costume on October 9th, “Silent Sentinel/Get Out the Vote” event (teen voter pre-registration – see flyer) (circle one choice): YES NO
7. Be transported in an auto-insured vehicle driven to or from any trip by the “Legacy” Project Adult Advisors (in case of a student’s urgent need – otherwise students are responsible for their own family provided transportation) I/we understand that my/our daughter is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the “Legacy” Project Adult driver and/or other adult volunteers in the vehicle (circle one choice): YES NO

I/We have read, understand, and discussed with my/our daughter that:

(1) She **MIGHT** be traveling in a motor vehicle driven by a “Legacy” Project Adult Advisor and she is to wear her safety-belt at all times while traveling;

(2) She is expected to respect each person in the vehicle she rides in;

(3) Riding in a vehicle may result in personal injuries or death from collisions, or acts by riders, other drivers, or objects in the road.

INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION

I understand that participation in AAUW Legacy project activities involves the risk of personal injury, including death. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant’s parents or guardian, and/or determination of the participant’s ability to continue in the program activities.

With appreciation of the dangers and risks associated with programs and activities including

preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the AAUW, the local branches or Interbranch Councils, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Daughter/Project Participants’ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_

**Attention:  For new events/activities not listed here, a new “Waiver and Participation Permission to Daughter/”Legacy” Participant” form must be completed prior to a public event and/or activity.**