Delta Sigma Theta Sorority, Inc.
Toledo Alumnae Chapter

International Awareness and Involvement Committee

Dear Parent/Guardian,

We are excited to invite your daughter to join us for a special celebration of the International Day of the Girl Child on Saturday, October 26, 2024, from 11:00 AM to 3:00 PM at the West Toledo Library, located at 1320 West Sylvania Ave, Toledo, Ohio 43623.

The International Day of the Girl Child, recognized globally, celebrates the importance of empowering girls and ensuring their rights are protected and fulfilled. It's a day to recognize the unique challenges girls face worldwide and the importance of their voices, talents, and contributions to society.

Our event will be a fun-filled day for girls ages 8-17 with engaging activities and food representing the seven continents! We hope this event will not only provide a memorable experience for your daughter but also inspire her to see her value in our global community.

We also kindly ask that you review and sign the attached release form, granting permission for your child to be photographed during the event. These photos may be used for future promotional materials.

For any questions or further information, please feel free to contact Michelle McCaster, International Awareness and Involvement Chair, at (313) 623-9313 or Ki'Erra Young at (773) 517-0792.

We look forward to celebrating this important day with your daughter!

APPENDIX B1

PARENTAL/GUARDIAN AFFIRMATION

WAIVER AND RELEASE

I, _____, Parent/Guardian, on behalf of _____ ("Participant Minor Child") do hereby release, waive, discharge, covenant not to sue and agree to hold harmless Delta Sigma Theta Sorority, Incorporated ("Delta"), its officers, National Executive Board, employees, members, local Chapters, representatives, agents, affiliates, and assigns (collectively "Releases"), from any and all claims, demands, and actions of any and every kind directly or indirectly arising out of, or relating in any respect to Participant Minor Child's participation in the Chapter's Youth Initiative.

My waiver and release of all claims, demands, actions, and liability shall include, without limitation, any injury, illness, death, property damage or loss to the Participant Minor Child which may be caused by any act or failure to act, by the Releases, unless such injury, illness, death, property damage or loss is a direct result of the willful misconduct of any Releases. I understand that, without limitation of the foregoing, neither Delta, nor the Program, shall be liable and each is hereby released from all claims that may arise from loss or damage to the Participant Minor Child's personal property.

As the Parent/Guardian, I hereby give my permission for my child to participate in the Chapter's youth initiative (including planned activities), and I hereby attest, under penalty of perjury, that I have the legal authority to authorize such participation.

Signature: _____

Relationship to Participant: _____

Date: _____

APPENDIX B2

PHOTOGRAPH, MEDIA, AND VIDEO AUTHORIZATION RELEASE FORM

I, _____, Parent/Guardian, on behalf of _____ ("Participant Minor Child") give permission for the local Chapter of Delta Sigma Theta Sorority, Incorporated (the "Chapter") to publish on the Internet or media still photographs or moving images, including, if applicable any sound recordings accompanying the images ("Images") taken of my child during participation in Youth Initiative Program activities, without payment or any consideration and without notifying me in advance.

I also give permission for the Chapter to highlight my child's achievements and activities in efforts to promote the youth initiative program through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media without payment or any consideration and without notifying me. I understand and agree that these Images will become the property of the Chapter, which shall have complete ownership of the Images. I hereby irrevocably authorize the Chapter to publish or distribute these Images for the purpose of publicizing the Chapter's programs, including the Youth Initiative Program or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my child's likeness appears. Additionally, I waive any rights to royalties or other compensation arising out of or related to the use of the Images.

I hereby hold harmless and release and forever discharge the Chapter and any of its officers and members; Delta Sigma Theta Sorority, Incorporated; its officers; National Executive Board; employees; members; representatives; agents; and assigns from any and all claims, costs, suits, actions, judgments, and expenses which my child, his/her heirs, representatives, executors, administrators, or any other persons acting on his/her behalf have or may have by reason of the use of the Images. This release specifically includes, without limitation, a complete release and discharge of any liability by virtue of any editing, distortion, alteration, or optical illusion, whether intentional or otherwise, that may occur or be produced in the taking of or editing of said Images unless it can be shown that such was maliciously caused, produced and published solely for the purpose of subjecting my child to conspicuous ridicule, scandal, reproach, scorn, and indignity.

I hereby certify that I am the Parent/Guardian, and I am authorized legally to give this consent, and do hereby give my consent without reservation to the foregoing on behalf of my child.

Signature: _____

Date: _____

APPENDIX B8

MEDICAL AND EMERGENCY CONTACT INFORMATION

Minor Name: _____

Address: _____

Date of Birth: _____

Physician Name, Address, and Phone Number: _____

HEALTH INFORMATION

Below please check any current health conditions that may require attention during the Program day.

Health Condition	YES	NO
Anemia		
Asthma Inhaler required?		
Attention Deficit Hyperactivity Disorder		
Diabetes		
EpiPen Injections required?		
Food Allergies		
– Specify Food Allergies:		
Hearing Loss		
– ASL interpreter required?		
– Hearing Assistant required?		

Health Condition	YES	NO
Headaches or Migraines		
Heart Disease		
Mobility Issues		
– Please specify:		
Seizure Disorder (i.e., epilepsy)		
Sensitivities (i.e., insect bites)		
– Be specific:		
Vision Problems		
– Contact lenses required?		
– Eyeglasses required?		

Are any other conditions or restrictions required? Please specify.

The Parent/Guardian may stay or return to administer any required medications to a youth participant.

EMERGENCY CONTACT

Name of Parent/Guardian #1:		
Address:		
Parent/Guardian Telephone:	**(cell)**	**(home)**
Name of Parent/Guardian #2:		
Address:		
Parent/Guardian Telephone:	**(cell)**	**(home)**

If for any reason I/we cannot be reached, please contact the following person(s) whom I/we hereby authorize to seek emergency medical or surgical care for my/our child.

Name #1:		
Address:		
Telephone:	**(cell)**	**(home)**
Name #2:		
Address:		
Telephone:	**(cell)**	**(home)**

If the Program is unable to reach any of the individuals named above promptly by phone, I/we authorize the Program to seek and secure any emergency medical or surgical care for my/our child. I/We will be responsible for all expenses incurred and authorize the medical facility at which treatment is rendered all necessary information to my/our insurance company.

Parent/Guardian Signature #1: _____

Parent/Guardian Signature #2: _____