



Consent Form

I am the parent/legal guardian of _____, on whose behalf I have submitted the attached documents for membership at *Meghan's Place, Inc.*

Picture/video: In permitting membership, I am specifically granting my permission (both during and any time after) to *Meghan's Place, Inc.* to use the member's likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of *Meghan's Place, Inc.*, and/or applying for funds to support those purposes and activities.

Medical: If a medical emergency should arise during the member's participation in any *Meghan's Place, Inc.* activities, at a time when I am not available so as to be personally consulted regarding the member's care, I hereby authorize *Meghan's Place, Inc.* staff, on my behalf, to take whatever measures are necessary to ensure that the member is provided with any emergency medical treatment, which *Meghan's Place, Inc.* deems advisable in order to protect the member's health and well-being.

Code of conduct/membership: I have read and fully understand the *Meghan's Place, Inc.* Code of Conduct Policy, and have reviewed it with the member. I also understand that should a violation of the Code of Conduct occur, the member will be subject to the specified consequences, including possible suspension and/or termination of membership, per the contract, and will forfeit previously paid membership fees. I understand that the relationship between *Meghan's Place, Inc.* and the member is an "at will" arrangement, and either *Meghan's Place, Inc.* or the member can terminate such a relationship at any time without cause.

I have read and fully understand the provisions of the above consent, and have explained the provisions to the member. Through my signature on this consent form, I am agreeing to the above provisions on my own behalf and on the behalf of the member.

I hereby grant my permission for the above named member to participate in *Meghan's Place, Inc.* activities and programs.

Signature of Parent/Guardian _____ Date ____/____/____

Printed Name _____ Relationship to member _____