

Up & Coming Female Leadership Conference 2023

The student must be between 13-18 years of age. Conference must be paid in full prior to July 19, 2023. Partial payments will not be accepted. Cost per student, \$40 each, cash or check only. Please make checks payable to the Victoria Police Foundation. Please turn applications in at Victoria Police Department, 306 S. Bridge Street, or the sub-station (Victoria Mall), 7800 North Navarro Street.

* T-Shirt Size _____ Youth / Adult

Name of Participant: _____ D.O.B. _____ Sex: _____

Address: _____ City: _____ State: _____

Cell Number: _____ School: _____ Last Grade of Completion: _____

Parent/Guardian: _____ Cell Number: _____

Address: _____ City: _____ State: _____

Employer: _____ Work Number: _____

Best time to Call _____ Alt Number _____

Emergency Contact _____ Cell Number _____

Address: _____ City: _____ State: _____

Employer: _____ Work Number: _____

Best time to Call _____ Relationship _____

Allergies to drugs and/or foods: _____

Medical conditions: _____

***Important medical information (Special medications / instructions): _____

Physician Name: _____ Phone: _____

Applicant Signature: _____ Date: _____

Parent / Guardian: _____ Date: _____

VIDEO PHOTO RELEASE

I understand that during the Up and Coming Female Leadership Conference and/or activity, my photograph and/or the photograph of my child may be taken by the **Up and Coming Female Leadership Conference**, producers, sponsors, organizer, and/or assigns. I agree that my photograph and/or the photograph of my child, including video photography, film photography, or other reproduction of my likeness or the likeness of my child, may be used without charge by the Up and Coming Female Leadership Conference, producers, sponsors, organizers and/or it's assigns for such purpose as they deem appropriate.

AUTHORIZATION TO TREAT A MINOR

I, the parent / legal guardian of the child listed below, do hereby authorize and consent to any X-ray examination, anesthetic, medical, or surgical treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a Dentist licensed under the provisions under the Dental Practice Act and on the staff of any acute general hospital or emergency care facility holding a current license to operate a hospital or emergency care facility from the State of Texas Department of Public Health. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the physician listed in the application, in the exercise of his/her best judgment, may deem advisable for my child. Further, I understand my child will be participating in inherently dangerous activities and agree to pay for my child's medical expenses. I understand that all effort shall be made to contact me prior to rendering treatment to my child, but any of the above treatment will not be withheld if I cannot be reached. This consent shall remain in effect for the duration of my child's participation with the Up and Coming Female Leadership Conference.

RELEASE FROM LIABILITY

In consideration of the acceptance of the application of my child, as a participant in any program and/or activities of the **Up and Coming Female Leadership Conference**, I and my child hereby agree to assume all risks attendant upon myself and my child while participating in any Up and Coming Female Leadership Conference, and/or activities. I and my child hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I or my child may have, or which hereafter may accrue to me or my child, as a result of my child's participation in the Up and Coming Female Leadership Conference, or activity. I agree to indemnify and hold harmless from liability the City of Victoria- **VICTORIA POLICE DEPARTMENT**, its member chapters and/or any of their agents, servants, or employees by reason of any accident, death, injury, or damages, to persons or property which I or my child may suffer while participating in the Up and Coming Female Leadership Conference, and/or activity. The release is intended to discharge in advance the **VICTORIA POLICE DEPARTMENT**, its member chapters and/or any of their agents, servants, or employees by reason again any accident, death, injury or damages to person or property which I or my child may suffer, from and against any and all liability arising out of or connected in any way with me or my child's participation in the Up and Coming Female Leadership Conference, and/or activity.

It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns, and the heirs and assigns of my child. I agree to accept all responsibility for any property damage or injury to any person cause by me or my child while participating in the Up and Coming Female Leadership Conference, and/ or activities.

I have read, understand and approve the **VIDEO PHOTO RELEASE, AUTHORIZATION TO TREAT A MINOR** (with restrictions I may have listed above) and **RELEASE FROM LIABILITY**.

PRINT NAME OF PARTICIPATING CHILD

SIGNATURE OF PARENT OR LEGAL GUARDIAN

Date: _____

FOR DEPARTMENT USE ONLY

Background Checks: Local Records Check

Application Approved: Yes No

Parent Guardian Contacted Yes No

Conference Paid Yes No

Approved By: _____

Date: _____