Girls State Applicant's Name			(please print)	
WAIVER OF PARENTS/GUARDIAN FOR IOWA AMERICAN LEGION AUXILIARY GIRLS STATE-2017  MAIL THIS FORM TO: American Legion Auxiliary, Department of Iowa, 720 Lyon Street, Des Moines, IA 50309				
	nes, IA, June 18-Ju	ne 23, 2017, we do hereby give consent f	an Legion Auxiliary Girls State, to be held on for her to participate in any field trip which is necessary for care of illness or accident.	
	ises of action which	we may, can of shall have reason of any i	ors, and employees, from any and all claims, liness, injury or accident incurred or suffered	
The \$400.00 registration/application fee program early.	∍ will <u>NOT</u> be refun	ded if the Girls State Citizen does not a	ttend Girls State or leaves the Girls State	
Signature of Parent/Guardian	Siç	gnature of Girls State Applicant	 Date	
	РНОТО	GRAPH/NAME PERMISSION		
PLEASE NOTE: No personal information	on such as address (girls name)	name and picture to be used in	any material regarding lowa Girls State. ss of Hometown or Regional Newspaper(s).	
		Phone number	Phone number & website of Newspaper(s).	
l do <u>not</u> agree to allow		name and picture to be used in	any material regarding lowa Girls State.	
	(girls name) Date		Date	
Signature of Parent/Guardian		Signature of Girls State Citi	zen	
Parent e-mail	Girls State Citizen e-mail			
	TR,	ANSPORTATION PLANS		
Arrival: Girls State Attendees MUST ar arrival as lunch will not be			7. There are NO exceptions. Eat before	
	_ I will drive myself	Inauguration in one of the following way f home (Car Keys MUST be given to Dire Relationshi		