

CHARLOTTE COUNTY
JUNIOR COMMISSION PROGRAM



PARENTAL CONSENT FORM / PARTICIPATION WAIVER

My child, _____, has permission to participate in the Charlotte County Junior Commission Program for the 2024 Fall Session, and agree to the following expectations:

EXPECTATIONS: *(please initial)*

_____ I understand my child will not be expected to stay beyond 5:00 p.m. for any meeting or event.

_____ I understand my child's participation in this program is voluntary, is a privilege and not a right, and have discussed with my child expectations that their behavior be professional and comply with any specific rules and requirements established for this program.

_____ I acknowledge transportation to meetings and events is not provided and I will insure my child will have reliable transportation. Expenses related to transportation or parking is not reimbursable.

_____ I acknowledge photos of my child will be taken and I give permission for those photos to be used in social media, traditional media, and promotional purpose as it relates to Charlotte County government and the Junior Commissioner Program.

_____ I understand I have the ability to refuse to sign this form and by refusing to do so, will prohibit my child's participation in the program.

Please note any allergies or food restrictions your child may have:

ACKNOWLEDGMENT: (please sign)

I confirm I have carefully read this consent form/participation waiver and agree to the terms listed knowingly and voluntarily. I also confirm I am the parent or legal guardian of the child.

Student – Signature

Date

Student’s Name – Printed

Parent/Guardian – Signature

Date

Parent/Guardian’s Name - Printed