



SOUTHEN WORD RELEASE FORM 2024 - 25

Last Name:		First Name:		M.I.:	
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Waivers, Releases, and Permissions:

1. I permit _____ to participate in Southern Word’s programs, including virtual workshops.

2. **Media** – I ___ do/ ___ do not (check one or the other) authorize Southern Word the right to use adapt, modify, reproduce, distribute, publicly perform and display the photographs, images, film, video, recordings or tape taken of _____ by or on behalf of Southern Word. This is necessary for youth to participate in virtual open mics, readings, and showcases.

3. **Transportation** – I ___ do/ ___ do not (check one or the other) give consent to Southern Word to transport my child via van or in the personal vehicles of Southern Word designated staff for Southern Word related activities. Also, I understand that Southern Word is not responsible for transporting my child to or from programs or events.

4. **Medical** - In case of emergency, I give Southern Word and its staff permission to act as they feel necessary to provide emergency medical or other care for my child. I have provided emergency contact information for myself and one additional person in the event of an emergency.

5. **Mentor Policy** – Southern Word strives to employ the very best staff and mentors possible in our programs. Outside of program hours, staff and writer mentors are no longer employed with Southern Word. These persons are private citizens and are no longer subject to our employment rules and procedures. Southern Word asks youth, staff, and writer mentors to restrict interactions to established program and event hours. I agree that Southern Word shall not be responsible and will be held harmless from any claims or liability in connection with activities outside of designated program activities.

6. **Personal Items** - I understand that Southern Word is not responsible for any personal items lost or stolen at our programs.

Signature

Date

If Signatory is under 18:

I represent and warrant that I am the parent or legal guardian of the minor whose name appears above, that I have read and approve of the foregoing Agreement, and consent to its execution by my child/ward.

Parent’s Signature

Date

Printed Name

INDIVIDUAL EMERGENCY CONTACT SHEET

Name (last, first): _____

Emergency Contact #1 _____

Relationship to Poet _____

Phone Number(s) _____

Emergency Contact #2 _____

Relationship to Poet _____

Phone Number(s) _____