



STUDENT CHAPTER OF CENTRAL LOUISIANA

A 501(c)(3) nonprofit | info@studentchapterofcenla.org | 318-451-3088 | studentchapterofcenla.org

Parent/Guardian Permission & Media Release

Required for every student member. Please complete one form per student.

Dear Parent or Guardian,

Your student has expressed interest in joining the Student Chapter of Central Louisiana, a 501(c)(3) nonprofit that connects Louisiana high school students to careers in the skilled trades. Throughout the year, students take part in hands-on building projects, career events, job-site visits, community service, and fundraising and leadership activities. We need your permission for your student to take part, and your choice on the use of photographs and video.

STUDENT AND FAMILY INFORMATION

Student name: _____ Grade: _____ Date of birth: _____

School: _____ Student phone (optional): _____

Parent/guardian name: _____ Relationship: _____

Phone: _____ Email: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone: _____

Allergies, medical conditions, or medications we should know about: _____

PARTICIPATION PERMISSION

I give permission for my student to take part in activities organized by the Student Chapter of Central Louisiana during the school year. These may include meetings, workshops, building projects, field trips and job-site visits, career events such as Cenla Trades Day, community service, parades, and fundraising events. Activities may take place at schools, businesses, job sites, and public venues, and my student will be supervised by responsible adults. Participation in some activities requires that my student have reliable transportation to and from the event unless the chapter states otherwise.

I understand that building and trades activities involve tools and materials, and I will ask my student to follow all safety instructions. To the fullest extent permitted by law, I release the Student Chapter of Central Louisiana, its officers, directors, volunteers, and event partners from liability for injury or accident that may occur during participation, except where caused by their negligence.

EMERGENCY MEDICAL TREATMENT

If I cannot be reached in an emergency, I authorize chapter adults to seek emergency medical care for my student.

☐ I authorize emergency medical treatment ☐ I do not authorize emergency medical treatment

PHOTOGRAPHY & MEDIA RELEASE

I grant the Student Chapter of Central Louisiana permission to photograph and record my student at chapter activities and to use these images and recordings, without compensation, for promotional, educational, fundraising, and informational purposes. This includes the chapter website (studentchapterofcenla.org), Facebook and other social media, newsletters, grant and sponsor reports, and printed materials.

☐ YES, I give permission for my student's image to be used

☐ NO, I do not give permission for my student's image to be used

I may change my choice at any time by emailing info@studentchapterofcenla.org. Images already published may remain in past materials.

SIGNATURE

I have read and understand this form and agree to its terms.

Parent/guardian signature: _____ Date: _____

Printed name: _____

Return the signed form with your student's Membership Application to your chapter advisor, or email a copy to info@studentchapterofcenla.org.