

**AFFIDAVIT OF CONSENT AND PERMISSION**

STATE OF WEST VIRGINIA. COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO WIT:

1. I am/we are the parent(s) or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor under the age of eighteen years or over the age of eighteen year and lives with us to wit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ years of age.
2. I/We have heretofore and do here now request and give my/our consent and permission to the AMERICAN LEGION AUXILIARY, DEPARTMENT OF WEST VIRGINIA, to allow the said \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to participate in all activities being conducted by the AMERICAN LEGION AUXILIARY, DEPARTMENT OF WEST VIRGINIA, in conjunction with its program known as the AMERICAN LEGION AUXILIARY RHODODENDRON GIRLS STATE, INC. for the year 2022; and recognizing the possibility of injury while traveling to or from the place at which the RHODODENDRON GIRLS STATE activities will be held, and also recognizing the possibility of injury while participating in the various activities being conducted at the AMERICAN LEGION AUXILIARY RHODODENDRON GIRLS STATE, INC. and the possibility of the need of immediate or emergency examination and/or treatment of said injuries, I/we do hereby expressly give and grant unto the Administrator and/or any Counselors and/or official of the AMERICAN LEGION AUXILIARY RHODODENDRON GIRLS STATE INC., permission and authority to take such action as she or they deem necessary, reasonable and proper under the circumstances and conditions existing for the examination and/or treatment of any injuries which the said \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may sustain while traveling to or from or while participating in any the activities conducted by the AMERICAN LEGION AUXILIARY RHODODENDRON GIRLS STATE, INC.;
3. I/We do hereby further expressly request, direct and authorize and permit said Administrator, Counselors or official representative to act in my/our stead in making any requests or giving any permission and authority as may be required by any medical organization and/or physician to subject the said \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to any medical examination, treatment or operation of said Administrator, counselors or official representation deem necessary, reasonable and proper under the circumstances and conditions then existing.

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature

Phone contacts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Taken, subscribed and sworn to before me this the \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_\_\_\_

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, West Virginia. **MUST BE SIGNED AND NOTARIZED**

**SCAN AND UPLOAD CONSENT AND PERMISSION FORM WITH ONLINE REGISTRATION**