



SheEO
Empower the CEO in every GIRL!

Programs of She-EO®, LLC
www.BEaSheEO.com

PARENT AND PARTICIPANT INFORMATION

| | | | |
|---|---|---------------|--|
| Young lady's (Participant) Name: | | | |
| Parent(s) First and Last Name: | Mom: | | |
| | Dad: | | |
| Parent(s) Home Phone & Mobile Phone: | Mom home: | Mom cell: | |
| | Dad home: | Dad cell: | |
| Email Address (family): | | | |
| Home Address Street, City, State, Zip (family): | | | |
| 2 nd Emergency Contact Person (not parent) and Phone Number: | Name: | Phone number: | |
| Persons authorized to pick up participating young lady (other than parent): | | | |
| Why is your daughter attending SheEO? | | | |
| Financial Literacy survey: Does your young lady have a bank account? (Not the account number or bank name.) | Check one <input type="checkbox"/> yes <input type="checkbox"/> no If no, why? _____ If yes, it is a <input type="checkbox"/> savings <input type="checkbox"/> checking <input type="checkbox"/> savings & checking How often does she visit the bank? <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> rarely | | |

| | |
|--|---|
| Does the participant have any allergies (food, environment, etc.)? | List here: |
| Does the participant have any special needs or abilities ? (hearing aid, dyslexia, ADD, gifted, etc.) | List here if necessary: |
| <input checked="" type="checkbox"/> I certify that the information on this form is accurate and up-to-date. <input checked="" type="checkbox"/> In case of an emergency, I give permission to She-EO, LLC (d.b.a. SheEO Academy) to give immediate attention and seek medical treatment for my daughter. <input checked="" type="checkbox"/> I/we hold harmless She-EO, LLC and its agents or employees, for injuries occurring to my daughter whose name is mentioned in this document while participating in She-EO, LLC programs. | SIGNATURE: DATE: |

PHOTO AND VIDEO RELEASE

I grant permission to She-EO LLC (d.b.a. SheEO Academy), and its agents or employees, to use photographs and images taken of _____ (write name of the minor child), while participating in programs sponsored by She-EO LLC. She-EO LLC agrees to take precautions to avoid misrepresentation of the girl's image or messaging. These images may be used in publications, on displays boards and in electronic media.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph. I hereby agree to release and hold harmless She-EO LLC, and its agents or employees, including any firm hired to publish and/or distribute the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I am the legal guardian for the abovementioned child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release.

SIGNATURE: _____

DATE: _____