

The Future
NEXT EXIT 

Everett Haitian Community Center

Cordially invites all ages and youth to our

Youth Development & Career Training Workshop Series

✓ **February 19, 2016 from 3:30 PM - 5 PM**

- Learn about Resume Writing, Job Interview Tips and How to Dress for Success (includes resume feedback / coaching)

✓ **March 18, 2016 from 3:30 PM - 5 PM**

- Learn about the Elevator Pitch and Cover Letter Writing (includes practicing your elevator pitch and cover letter feedback)

✓ **April 15, 2016 from 3:30 PM - 5 PM**

- Learn about Labor Law, Business, Engineering, Healthcare, Technology Careers and Tips

Everett Haitian Community Center

427 Broadway, Suite 6

Everett, MA 02149

Space is Limited
to 15 people.

Please R.S.V.P. by

Gerly Adrien at

Gerly.Adrien@gmail.com or

call/ text (617) 835-8267

Everett Haitian Community Center

Parental Consent and Liability Release Form

PARTICIPANT NAME _____	AGE _____	DOB _____
PARENT(S)/GUARDIAN NAME(S) _____		Grade _____
PARENT/GUARDIAN CELL #S _____		

TO WHOM IT MAY CONCERN:

The undersigned do(es) hereby give permission for our (my) child(ren):

_____ (“Participant” Name),

To attend and participate in all activities sponsored by the **Everett Haitian Community Center (EHCC)** from this _____ (date and year), forward.

LIABILITY RELEASE: In consideration of **EHCC** allowing the above participant to partake in **EHCC** activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless **EHCC**, its staff, founders, volunteers, counselors, chaperones, cooperating businesses or service providers under contract with **EHCC** from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the participant while involved in the activities. We (I) the parents or legal guardian(s) of this participant hereby grant our (my) permission for the participant to participate fully in all **EHCC** activities.

Furthermore, we (I) [and on behalf of our (my) minor participant(s)] hereby assume all risk of accidental personal injury, sickness; death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said **EHCC** to furnish any necessary transportation, food and lodging for this participant as required for the **EHCC** activities. The undersigned further hereby agree to hold harmless and indemnify said **EHCC** for any liability sustained by said **EHCC** as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION IN THE CASE OF AN EMERGENCY: We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment or hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all cost and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for our (my) child(ren) to ride in any vehicle driven by an approved **ADULT** chaperone while attending and participating in activities sponsored by **EHCC**. My child/youth and I understand that **SEAT BELT SHALL BE WORN AT ALL TIMES** during transportation.

PHOTOGRAPHY: I hereby consent to my child being interviewed or videotaped at events sponsored by **EHCC**. Furthermore, I consent to the publication, exhibition or reproduction of any such interview material, photograph or videotapes to be used for public relations, news articles or telecasts, education, advertising, research, inclusion on the **EHCC** website, face book, fundraising or any other purpose. I, the undersigned, also consent that I will not seek compensation for my child’s participation here.

Medical Insurance: Yes No Insurance Company: _____	
Policy/Group ID #: _____	Emergency Name & Tel #: _____
Allergies/Medical Conditions; _____	
Parent/Guardian Signature: _____	Date: _____