

2020 Girls State Applicant's Name \_\_\_\_\_ (please print)

**WAIVER OF PARENTS/GUARDIAN FOR IOWA AMERICAN LEGION AUXILIARY GIRLS STATE-2020**  
**MAIL THIS FORM TO: American Legion Auxiliary, Department of Iowa, 720 Lyon Street, Des Moines, IA 50309**

In consideration of the instructions and training to be given to my daughter as a citizen of Iowa American Legion Auxiliary Girls State, to be held on the campus of Drake University, Des Moines, IA, June 14-June 19, 2020, we do hereby give consent for her to participate in any field trip which is scheduled as a part of the program of Girls State and give permission for any medical service deemed necessary for care of illness or accident.

We hereby release and discharge the Iowa American Legion Auxiliary, Inc., its officers, agents, instructors, and employees, from any and all claims, demands, damages, suits, actions, or causes of action which we may, can or shall have reason of any illness, injury or accident incurred or suffered by my daughter while in attendance at said Girls State, no matter how caused or occasioned.

The \$400.00 registration/application fee will **NOT** be refunded if the Girls State Citizen does not attend Girls State or leaves the Girls State program early.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Signature of Girls State Applicant*

\_\_\_\_\_  
*Date*

**PHOTOGRAPH/NAME PERMISSION**

Iowa Girls State may use Girls State Citizen's photographs and/or names in Girls State or American Legion Auxiliary publications and web sites.  
**PLEASE NOTE: No personal information such as address/phone numbers is included with web published names.** Complete the following:

\_\_\_\_\_ I do agree to allow \_\_\_\_\_ name and picture to be used in any material regarding Iowa Girls State.

(1) \_\_\_\_\_ (girls name) (2) \_\_\_\_\_ Name & address of Hometown or Regional Newspaper(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Phone number & website of Newspaper(s).

\_\_\_\_\_ I do **not** agree to allow \_\_\_\_\_ name and picture to be used in any material regarding Iowa Girls State.

(girls name) \_\_\_\_\_  
Date \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Signature of Girls State Citizen*

\_\_\_\_\_  
Parent e-mail \_\_\_\_\_

\_\_\_\_\_  
Girls State Citizen e-mail \_\_\_\_\_

**TRANSPORTATION PLANS**

**Arrival: Girls State Attendees MUST arrive between 10 a.m. and 11:30 a.m. Sunday, June 14, 2020. There are NO exceptions. Eat before arrival as lunch will not be served on Sunday.**

**Departure:** I will leave on Friday, June 19, 2020 following Inauguration in one of the following ways:

- \_\_\_ I will ride home with my parents \_\_\_ I will drive myself home (Car Keys MUST be given to Director upon checking in Sunday.)
- \_\_\_ I will ride home with another adult. Name of Adult \_\_\_\_\_ Relationship \_\_\_\_\_