

SECTION 3: PARENTAL WAIVER
(To be completed by Applicant's Parent or Guardian)

I do hereby give consent for the above named applicant to participate in any activities which are scheduled parts of the Cornhusker Girls State program to be held May 31 – June 6, 2020. I also release and discharge the American Legion Auxiliary, Department of Nebraska, 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 by any reason of any illness, injury, or accident incurred or suffered by the above named applicant while traveling to, attendance at, or participation in the Cornhusker Girls State program from the time of her departure from home until her return thereto no matter how caused or occasioned.

Signature of Parent or Guardian

Date

I give permission to the American Legion Auxiliary Department of Nebraska to use the applicant's picture and/or name, individual and/or groups in Cornhusker Girls State media presentations, web site, and press releases should she be selected as a 2020 delegate. Additionally, I give permission for the above named applicant's name to be provided to dignitaries who may want to send a congratulatory letter to attendees.

Signature of Parent or Guardian

Date

If the above named applicant does not attend Girls State or cancels her participation in the 2020 program after May 1, 2020 and an alternate is unable to attend, or takes an early dismissal to take the ACT test that the sponsor was unaware of, I agree to reimburse her sponsoring American Legion Auxiliary Unit or contributing organization for the \$400 fee.

Signature of Parent or Guardian

Date

Pizza will be served Sunday evening. Check here if your daughter has a food allergy and needs an alternative meal. Please list food allergies: _____

Does your daughter have any physical or emotional conditions that Girls State should be aware of? _____

SECTION 4: SPONSORING AMERICAN LEGION AUXILIARY UNIT
(To be completed by Unit following application review, prior to submitting to Girls State)

Unit Number: _____ City: _____ District: _____

Unit Contact Person: _____

Mailing Address: _____ City & State: _____ Zip: _____

PHONE: (_____) _____ EMAIL: _____

Send completed application and pledge form, along with \$400.00 delegate fee to:

ALA Cornhusker Girls State

PO Box 5227

Lincoln, NE, 68505-0227

Make checks payable to: ALA Cornhusker Girls State
APPLICATION DEADLINE – MARCH 1, 2020