



Tracy Area Alumnae Chapter

Tracy Area Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

13TH ANNUAL YOUNG WOMEN'S EMPOWERMENT DAY CONFERENCE

28TH MARCH
SATURDAY
8AM - 3PM

KIMBALL HIGH SCHOOL
3200 JAGUAR RUN TRACY, CA

EMBRACING *The Me I am* MEANT TO BE

Co-Host
KIMBALL HIGH SCHOOL

Sponsor
SOW A SEED

ADMISSION IS FREE
BREAKFAST & LUNCH PROVIDED
INTERACTIVE WORKSHOPS, PRIZES,
AND SOUVENIRS

AGES
12-18



REGISTRATION BEGINS AT 8AM AND WORKSHOPS START AT 9AM

For more informations & Registration
209-259-0673 | www.tracyareadeltas.com

NAME _____ AGE _____ GRADE _____ DOB _____

EMAIL _____ SCHOOL _____

PARENT/AUTHORIZING ADULT _____ SIGNATURE _____

**Delta Sigma Theta Sorority, Incorporated
Risk Management Manual**

PHOTOGRAPH MEDIA AND VIDEO AUTHORIZATION RELEASE FORM

I/We, _____ ("Parent/Guardian"), as parent (s) or legal guardian(s) of _____, give permission for Tracy Area Alumnae Chapter of Delta Sigma Theta Sorority , Incorporated (the "Chapter") to publish on the Internet or media still photographs or moving images, including, if applicable any sound recordings accompanying the images ("Images") taken of my child during participation in Empowerment Day. Youth Initiative Program activities, without payment or any consideration and without notifying me in advance.

I/We also give permission for the Chapter to highlight my child's achievements and activities in efforts to promote the youth initiative program through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media without payment or any consideration and without notifying me.

I/We understand and agree that these Images will become the property of the Chapter, which shall have complete ownership of the Images. I hereby irrevocably authorized the Chapter to publish or distribute these Images for the purpose of publicizing the Chapter's programs, including the Empowerment Day. Youth Initiative Program or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my child ' s likeness appears. Additionally, I waive any rights to royalties or other compensation arising out of or related to the use of the Images.

I/We hereby hold harmless and release and forever discharge the Chapter and any of its officers and members; Delta Sigma Theta Sorority, Incorporated; its officers; National Executive Board; employees; members; representatives; agents; and assigns from any and all claims, costs, suits, actions, judgments, and expenses which my child, his/her heirs, representatives, executors, administrators, or any other persons acting on his/her behalf have or may have by reason of the use of the Images. This release specifically includes, without limitation, a complete release and discharge of any liability by virtue of any editing, distortion, alteration, or optical illusion, whether intentional or otherwise, that may occur or be produced in the taking of or editing of said Images, unless it can be shown that such was maliciously caused, produced and published solely for the purpose of subjecting my child to conspicuous ridicule, scandal, reproach, scorn, and indignity.

I/We hereby certify that I/we are the parents/guardians of _____, authorized legally to give this consent and do hereby give my/our consent without reservation to the foregoing on behalf of my/our child.

Parent / Guardian Signature:

Date:

Print Name:

Parent / Guardian Signature:

Date:

Print Name: