## PROGRAM PARTICIPATION PARENTAL PERMISSION

### Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Current Grade: \_\_\_\_\_\_\_\_\_ High School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Student Cell # :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Parent Home** #\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Parent Cell#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I give permission for my student (named above) to attend The Georgia Society of CPAs Advancing of Rising Professional Program on October 24, 2025 to be held at in the conference room space of Forvis Mazars building (191 Peachtree St NE, Atlanta, GA 30303). I understand my student was recommended for this program by his/her high school teacher/counselor and all transportation is on your own or through your school.

### Scholarships

Not all program participants are guaranteed a scholarship or award; all participants have the chance to be awarded based on application and day of participation. Winners will be announced onsite at the conclusion of the program. At least one junior and one senior will be chosen from the attendees. Monies will be mailed to the school of the recipients after the event.

### Photo Release

I recognize that GSCPA uses photographs and video images of events in marketing publications including websites, social media and print media. I hereby grant permission for photo/video images of my student to be taken and used for such purposes.

### Activity Release

I understand that GSCPA is not liable for any expenses or injury. Transportation is not provided by GSCPA.

I further give permission for my student to participate in all supervised activities except as noted.

### COVID

The Georgia Society of CPAs cannot be held liable for any exposure to COVID-19 and your attendance releases any claim of illness.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**Signature of Parent or Legal Guardian Printed Name of Parent or Guardian Date**

## Emergency Contact Information

Names of person and telephone numbers to call in case of emergency

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/ Alternate Phone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/ Alternate Phone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_