

Dear Parent/Guardian:

Drops of Love International, is planning a fundraiser at 10:00 a.m. on Saturday, November 23, that will feature 2th children's fashions from some local designers and or their own closet creativity. We are seeking outgoing children ages 4 to 15 to participate in this inspirational fun event. There is no cost to participate. Funds will be raised by admission and raffle tickets. Please read and fill out the form in order for your child to be a model. If you have any questions regarding your child as a participant, you may contact Edna Benavides by phone at (267) 761-3543 or email Dropsoflove12@gmail.com or Edna@gplmagazine.com

I agree to	have my	child(ren)	,	
•	nd accompar so agree to a	ny my child to a fitti arrive no later than 9	:6" 2019 children's ng and photo shoot	fashion show and will provide at a date and location to be 23 to the Montgomery County
with Drops of Lopurposes, including Drops of Love Incompensation to completely, of the	ove Internation ing print and international	onal 2019 Pro 22:6 conline communication and all photograll. All these photograples	hildren's fashion shoons media. I authorize the sand/or videotape hs/video recordings swaive any right to in	nd/or interviewed in connection ow for advance public relations the the use and reproduction by the staken of my child, without shall be the property, solely and inspect or approve the finished ction with them.
I agree that my opposed in the program book. * (Initials)	child (ren)'s ir	nage and short bio ca	in be published in the	e "Pro 22:6" kids' Fashion Show
from any and all any loss, damag	liability, claim ge or injury, le in the prem	ns, demands and coun	nts of actions whatsoe nat may be sustain	and facility operators blameless ever, arising out of or related to ed by the participant and/or nt.

Your initials in the 4 areas above and your signature below will indicate your understanding of this form and agreement to participate. You may ask for a copy of this consent form to keep for future reference.







(* next to line indicates required information)			
(Please print or type in information)			
*Parent's Name			
*Home Phone ()			
*Email Address			
*Child Name	Gender	Age	Size
*Child Name	Gender	Age	Size
* Print Name	_		
*Parent (or guardian) Signature		Date Signed	
Please send this form by email at <u>edna@gplmaga</u>	zine.com Subject Kid	s Fashion Show	by November 15
For office use only: 2019			
Member Number Appro	oval		

