



HWNT Dallas Chapter Latinas in Progress© Education Seminar Series (LIP/ESS)  
**PARENT/GUARDIAN RELEASE FORM REQUIRED FOR STUDENT PARTICIPATION IN SERIES**

Dear Parent(s)/Guardian(s):

Your child may be eligible to participate in the Latinas in Progress© Education Seminar Series (LIP/ESS) The Hispanic Women’s Network of Texas (HWNT) developed the program Latinas in Progress© Education Seminar Series (LIP/ESS) which is designed to encourage young women in high school to explore higher education through learning experiences that provide information and access to opportunity, financial resources. If you wish for your child to be considered, please read the statement below and have your child upload it with their online application.

“I desire my child to participate in the Hispanic Women’s Network of Texas – Dallas Chapter (HWNT) Latinas in Progress Education Seminar Series in any and all activities. I agree that in allowing my child to participate, I will hold the Hispanic Women’s Network of Texas-Dallas Chapter, its officers, State board, volunteers, Dallas Independent School District, Carrollton-Farmers Branch Independent School District, Irving Independent School District or any other Independent School District my child attends, Trustees, Superintendent, Principals, Teacher, employees and any other persons assisting with any phase of such trips and Education Seminar Series harmless from any and all liability, claims, and responsibility for making such trip and activities. I further release all of these parties from liability by reason of any accident or injury that might occur while on the trip or participating in such activity.

I, the undersigned, authorize Hispanic Women’s Network of Texas, HWNT, to take photograph(s) or digital recording(s) of my child and consent to the use of any of these in any and all media for promotional purposes including, but not limited to, advertising; audiovisual; editorial; exhibition; media relations; posters; publications and web. I understand and agree that I will not receive any payment for my time or expenses or any royalty for the publication of the photograph(s,) or digital recording(s), and I hereby release HWNT and/or any parties designated by HWNT, from the payment of any such claims. I understand that photographs and/or videos may be downloaded, used, reproduced, and/or altered without consent by unknown users of the HWNT website, and that this is beyond HWNT’s control.”

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

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

Parents/Guardian Telephone: \_\_\_\_\_