

HBACL Student Chapter of Central Louisiana  
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Alexandria, La 71301  
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318-443-1902

## Student Participation & Photography Permission Form

Dear Parent/Guardian,

Your child has expressed interest in joining the Student Chapter of Central Louisiana of Home Builders Association of Central Louisiana, a not-for-profit organization dedicated to provide safe, affordable housing in Central Louisiana while advocating for homebuilding industry, protecting property rights, promoting licensed builders, upholding professionalism, and supporting economic growth. As part of their involvement, students may participate in various educational, service, and community activities throughout the year.

To ensure your child's participation, we require your consent for their involvement in all events, activities, and programs organized by HBACL, including permission for photography and media use. Also, your child will need reliable transportation to and from some events unless otherwise stated by HBACL.

### Student Information

- Student's Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_
- Parent/Guardian Name: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

### Participation Permission

I, the undersigned parent/guardian, give permission for my child to participate in any and all activities organized by HBACL throughout the year. I understand that these activities may take place at various locations, and I acknowledge that my child will be supervised by responsible adults. I release HBACL, its staff, volunteers, and affiliates from any liability in case of injury or accident during participation.

## Photography & Media Release

I grant HBACL permission to take photographs, video recordings, or other media of my child during events and activities. I understand that these images may be used for promotional, educational, or informational purposes, including but not limited to social media, websites, newsletters, and printed materials.

Please check one:

- ☐ I DO give permission for my child's image to be used.
- ☐ I DO NOT give permission for my child's image to be used.

### Emergency Contact Information

- Emergency Contact Name: \_\_\_\_\_
- Relationship to Student: \_\_\_\_\_
- Emergency Contact Phone: \_\_\_\_\_
- Allergies/Medical Conditions (if any): \_\_\_\_\_

### Parent/Guardian Signature

I have read and understand the above information. I agree to allow my child to participate in events and acknowledge the media release selection above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_