

THE CITY OF CLEVELAND DEPARTMENT OF CONSUMER AFFAIRS AND
THE PHEBE FOUNDATION INVITE YOU TO

Making Money...MATTER!

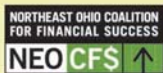
FINANCIAL LITERACY YOUTH SUMMIT IV
FOR STUDENTS AGES 8 - 18 YEARS OLD

Saturday, September 18, 2010

FROM 9:00AM TO 2:30PM

UNIVERSITY OF PHOENIX: 3401 ENTERPRISE PARKWAY, BEACHWOOD OHIO

**ENGAGING AND AGE APPROPRIATE FINANCIAL SESSIONS
ON HOW TO MAKE YOUR MONEY MATTER
BREAKFAST/SNACK/LUNCH WILL BE PROVIDED**



University of Phoenix





DCA

Department of Consumer Affairs
500 Lakeside Avenue, 2nd Floor
Cleveland, Ohio 44114
216/664-4529 Fax: 216/420-8162
www.cleveland-oh.gov.

WORKSHOP PERMISSION SLIP

Name of Child or Ward Participating in the Workshop: _____

Age: _____

Event: Financial Literacy Youth Exposure Workshop

Event Date: Saturday, September 18, 2010

Event Time: 9:00 a.m. - 2:30 p.m.

Event Location: University of Phoenix, 3401 Enterprise Parkway, Beachwood, OH 44122

I hereby consent to my child's or ward's participation in the Financial Literacy Youth Exposure Workshop conducted by the City of Cleveland, Department of Consumer Affairs. I hereby acknowledge and agree to assume all risks and hazards of personal injury, including death, and property damage arising out of the participation of my child or ward in the Workshop, including during transportation to and from the Workshop if provided by the City.

In consideration of my child's or ward's participation in the Workshop, I hereby release, indemnify, and hold harmless, on behalf of myself, my spouse, my child or ward, and our respective heirs, representatives, administrators, executors, guardians and assigns, the City, its officers, employees, agents and representatives from any and all claims, costs, expenses, damages, and liabilities for personal injury, including death, or property damage sustained by me, my child or ward while participating in the Workshop and its related activities. I hereby authorize the release of any photos taken of my child or ward during this event.

PRINT Parent / Legal Guardian Name

Signature of Parent / Legal Guardian

Date

Emergency Phone Number

Name of Emergency Contact and Relationship

***Does your child or ward require special needs? If so, please explain: _____

