

# Authorization and Release Form

## Participant Information (Everyone)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Prov.: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_  
Phone Number(s): (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

## Emergency Contact Information (Everyone)

Emergency Contact #1: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

## Medical Release (Only Minors)

### PARENT

I give my permission for \_\_\_\_\_ to attend (circle only ONE):

**Empower 2010** (Dec. 27<sup>th</sup> – 30<sup>th</sup>, 2009, Ashland, Ohio)

**Ignite 2010** (Dec. 30<sup>th</sup>, 2009 – Jan. 2<sup>nd</sup>, 2010, Toronto, Ontario, Canada)

I also give permission for emergency medical care to be given if judged necessary by the adult supervisors during the above dates.

Permission Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to minor: \_\_\_\_\_

Locality: \_\_\_\_\_ Registration Contact(s): \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

## Participant Release (Everyone)

I hereby authorize *YoungSeekers* to record the appearance and/or performance of \_\_\_\_\_ (participant's name) and to edit these recordings into a broadcast, video/audio production, or website and to use and license other entities to use such recordings in any appropriate manner, including unrestricted use for purposes of publicity. I further acknowledge *YoungSeekers* owns all rights to the aforementioned recordings.

I hereby agree indemnify *YoungSeekers* for all loss, damage and liability whatsoever arising out of my appearance.

\_\_\_\_\_  
(Print Participant's Name)

\_\_\_\_\_  
(Participant's Signature)

\_\_\_\_\_  
(Date)

### PARENT

I am the parent and/or guardian of the above-named minor and I endorse the above statement in his/her behalf.

\_\_\_\_\_  
(Print Parent's Name)

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)