AUTHORIZATION AND RELEASE FORM 2019

PARTICIPANT INFORMATION (Everyone) Last Name: _____ Age: _____ Age: ____ City: ______ State/Prov: _____ Zip/Postal: _____ Phone #1: (____) ____- Phone #2: (____) ____- Email: _____ Registration Locality: ______ Registration Contact: _____ EMERGENCY CONTACT INFORMATION (Everyone) Contact #1: ______ Phone Number: (_____) ____-___ Contact #2: _____ Phone Number: (____) ___-EVENT SELECTION INFORMATION (Everyone) (This form is for one event only). We will need a new form for each event, every person. If you desire to attend multiple events below we recommend that you fill out all of the related information and then make a photo copy of this form. Then place a check mark on only one event and have all appropriate parties sign below. _____ Vision Week 2019...... June 24th - 29th, 2019 Cleveland, OH, USA Mountain Top 2019...... July 25th - 28th, 2019 Cleveland, OH, USA MEDICAL RELEASE INFORMATION (For Minors) (Print Minor's Name) to receive emergency medical care I give my permission for administered by the adult supervisors, or by a medical institution if judged necessary during this event. Medical Insurance Company: ________ Policy Number: ______ Permission Signature: X ______ Date: ______ Relationship to minor: Daytime Phone Number: (_____) ____-___ Evening Phone Number: (_____) ____-Medical Conditions: PARTICIPANT RELEASE (Everyone) I hereby authorize Youngseekers.com to record the appearance and/or performance of Myself/My Child and to edit these recordings into a broadcast, audio/video 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.com owns all rights to the aforementioned recordings. I hereby indemnify Youngseekers.com for all loss, damage and liability whatsoever arising out of this event.

(Participant's Signature)

(Date)

(Parent/Guardian Signature)