

AUTHORIZATION AND RELEASE FORM

PARTICIPANT INFORMATION

Last Name: _____ First Name: _____ Age: _____

Address: _____

City: _____ State/Prov: _____ Zip/Postal: _____

Phone #1: (____) ____-____ Phone #2: (____) ____-____ Email: _____

Registration Locality: _____ Registration Contact: _____

EMERGENCY CONTACT INFORMATION

Contact #1: _____ Phone Number: (____) ____-____

Contact #2: _____ Phone Number: (____) ____-____

EVENT SELECTION INFORMATION

(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.

- _____ Foundations, July 22–25th 2021.....Ashland, Ohio
- _____ College Training August 2–7th 2021.....Ashland, Ohio

MEDICAL RELEASE INFORMATION

I give my permission for _____ (Print Minor's Name) to receive emergency medical care 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

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.

X _____
(Parent/Guardian Signature)

X _____
(Participant's Signature)

(Date)