



## MINOR ATTENDEE & PARENT/LEGAL GUARDIAN CONSENT FORM

Please return to GYC absolutely no later than **Nov. 30, 2008**

### BACKGROUND INFORMATION:

*To be completed by the parent/legal guardian of the minor attendee.*

\_\_\_\_\_  
Name of Attendee

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name of Parent(s)/Legal Guardian(s)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Daytime Phone #

\_\_\_\_\_  
Evening Phone #

\_\_\_\_\_  
Name of Chaperone

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Daytime Phone #

\_\_\_\_\_  
Evening Phone #

*Note: Chaperone must be at least 21 years of age.*

### MINOR ATTENDEE'S AGREEMENT:

I am applying to participate in the activities of GYC, and I will abide by all California laws, rules, regulations, policies, and directives of the officials of GYC. I will respect the professional and spiritual nature of the conference by dressing appropriately and attending all scheduled meetings. I also agree to follow the principles outlined in the *Spirit of GYC* as stated on the GYC website.

\_\_\_\_\_  
Attendee Signature

\_\_\_\_\_  
Date

PARENT/LEGAL GUARDIAN'S AGREEMENT:

My minor child, with my full knowledge and permission, has applied to participate in the activities of GYC. Because I will not be there personally to supervise and take full responsibility for my minor child, I hereby agree to the following:

**Photo/Video Release**

I understand that my minor child, as a participant, may be photographed and videotaped during the event. I hereby grant to GYC my permission and the right to use this material for any lawful purpose, including advertising, and release GYC and its representatives from any and all liability.

**Chaperone**

I acknowledge and appoint \_\_\_\_\_ as chaperone of my minor child from Wednesday, December 17, 2008, until Sunday, December 21, 2008, with full responsibility for my minor child and his/her actions at all times during the entire duration of the conference.

**Medical Release**

In the event that my minor child requires medical attention during the conference and the chaperone cannot be located, GYC and its representatives are hereby authorized to select a medical treatment facility, physician, and any and all necessary medical care required in case of an accident or illness of my minor child.

I understand that GYC will attempt to contact me in case of an emergency. In the event that I am unable to be reached in a timely manner, I will hold harmless and release from all liability GYC and its representatives for supervising, initiating or ordering any and all required emergency care for my minor child. In any event, I will be responsible for any and all payments of treatments, hospitalization, anesthesia, or surgery related to the emergency care of my minor child.

**Liability Release & Disclaimer**

GYC RESERVES THE RIGHT TO DENY, CANCEL OR ALTER THE REGISTRATION OF ANY PERSON WHO (A) FAILS TO PROVIDE TRUE, ACCURATE, CURRENT AND COMPLETE INFORMATION, OR (B) VIOLATES ANY OF GYC'S POLICIES OR PROCEDURES, INCLUDING BUT NOT LIMITED TO, THE REGISTRATION OF AND ATTENDANCE BY MINORS. GYC IS NOT RESPONSIBLE FOR ANY LOSS OR LIABILITY, FINANCIAL OR OTHERWISE, THAT MAY RESULT DIRECTLY OR INDIRECTLY FROM SUCH DENIAL, CANCELLATION OR ALTERATION OF ANY PERSON'S REGISTRATION.

ALL ATTENDEES PARTICIPATE IN ALL CONFERENCE SEMINARS AND CONFERENCE EVENTS AT HIS OR HER OWN RISK. NEITHER GYC, ITS DIRECTORS, OFFICERS, REPRESENTATIVES NOR AGENTS ACCEPT ANY LIABILITY OF ANY KIND WHATSOEVER, REGARDLESS OF THE MANNER IN WHICH SUCH LIABILITY MAY HAVE ARISEN. AT ITS SOLE DISCRETION, GYC RESERVES THE RIGHT TO ALTER, POSTPONE OR CANCEL ANY CONFERENCE SEMINARS OR CONFERENCE EVENTS, WITH OR WITHOUT NOTICE.

By signing below, I agree that I have read and understand the provisions of this consent form in their entirety. I am not relying on the advice or interpretation of another person, besides my legal counsel, and have signed this consent form of my own volition. To the best of my knowledge, all information provided in the registration is true and accurate.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

Please return by fax **with-in one week** after the date of your registration to:

GYC  
Fax: 888.827.4987

For questions email [info@gycweb.org](mailto:info@gycweb.org)