

# Youth Traffic Safety Summit

## Youth Participant Permission Slip (Media Release Form)

Please send both pages by **September 4<sup>th</sup>** to:  
California Friday Night Live Partnership  
Attn: Lisa Gonzalez  
2637 W. Burrel Ave.  
P.O. Box 5091  
Visalia, CA 93278-5091  
or Fax: 559-737-4231

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***IF YOU ARE UNDER AGE 18, YOU MUST HAVE THIS CONSENT FORM  
SIGNED BY YOUR PARENT/GUARDIAN.  
IF YOU ARE 18 OR OLDER, PLEASE SIGN IT YOURSELF.***

To Whom It May Concern:

I have carefully read the following and have indicated my understanding by signing below.

I (my child) agree(s) to appear without payment on television, radio, website, or other media. You may use and reuse forever, license others to use my (my child's) name, voice, pictures and/or statements made by me (him/her) on the subject program for any use. You may edit my (his/her) appearance as you see fit, and I understand you have no obligation to use my (his/her) appearance. You agree not to use my (my child's) name or picture so as to amount to a direct endorsement by me (him/her) of any product or service. I agree to be legally responsible for any claims arising from my (my child's) statements on the program.

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NAME OF PERSON APPEARING (Please Print)

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SIGNATURE (Parent/Guardian must sign for minors)

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PHONE NUMBER

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DATE

# Youth Traffic Safety Summit

## Informed Consent and Emergency Notification

<b>Youth Participant</b>	<b>Date of Birth</b>	<b>County</b>
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I, the parent/guardian of \_\_\_\_\_ (Please Print Full Name), understand that my student has been selected to attend and participate in the Friday Night Live Youth Traffic Safety Summit, to be held at Paradise Pier Hotel in Anaheim, California September (18<sup>th</sup>) 19<sup>th</sup> -20<sup>th</sup>. I hereby consent to my child attending and participating in the event. I also give my consent for event staff to seek and authorize any medical care or treatment needed on an emergency basis. I understand every attempt will be made to contact me should an emergency situation arise.

I do hereby acknowledge receiving, reading, understanding, and agreeing to the current Memorandum. Apart from responsibility for engaging in reasonable activity, please notify me of any health care emergency and/or the need to seek emergency medical care. I hereby release California Friday Night Live Partnership, its agents, representatives, employees and staff from any, and all, liability in anyway related to obtaining and/or providing health care services, including acquiring, administering, purchasing and/or dispensing medication for the benefit of the minor. I also hereby agree to provide emergency notification as part of this acknowledgement.

<b>Emergency Contact</b>		<b>Relationship to Participant</b>	
<b>Home Phone Number</b>	<b>Work Phone Number</b>	<b>Alternate/Cell Phone Number</b>	
<b>Medical Insurance Carrier</b>		<b>Insured Member Number/Group Number</b>	
<b>Insurance Carrier Phone Number</b>		<b>Adult Advisor Name</b>	

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

\_\_\_\_\_  
Date