

E-mail Address:___

WAIVER OF LIABILITY & RELEASE FORM Young Women LEAD Conference

All Conference Participants must have this form completed in order to participate in the Young Women LEAD Conference.

Young Women LEAD Conferd October 31 OR November 1, 20 and/or legal guardian of the about hereby release, waive, and fore Inc, Northern Kentucky University officers, directors, affiliates, mand sponsors (the "Released Paraction of any and every kind and	ence at Northern Kentucky Unit 019 ("Conference"), I, the under ove named Participant, together over discharge Peer Exchange N ersity, and/or their respective nembers, successors, assigns, an arties"), from and against any and character which they had, haves, which arise from or as a rest	(hereinafter, the "Participant"), at a liversity, Nunn Drive, Highland Heights, Kentucky ersigned student participant (if 18 or over) or the part with my heirs, executors, administrators, and assign the twork, LLC (a/k/a "SOAR"), Young Women LEA past and present employees, representatives, agend volunteers, as well as the Conference's volunteer and all liability, claims, demands, actions, or causes we, or may have in the future, including but not limit ult of the Participant's attendance at the Conference	on ent ns, D, nts, ers of ted
and all liability, claims, deman	ds, actions, rights of action, los	Id harmless the said Released Parties, of and from a ss, damage, including attorney's fees and costs, who Conference or participation in any associated activiti	ich
	Photo and Written Ma	aterial Release	
undersigned does hereby give t likeness, persona, photograph,	he Released Parties permission or voice, in any media and/or te ersona, photograph, or voice	cipant to attend and participate in the Conference, to capture and/or record the Participant's name, image chnology now known or later developed. Such use can be used throughout the world for education	ge, e of
ACCEPTED AND AGREED	:		
Name of Conference Participan	nt:	Birth Date:	
Signature of Participant (if 18 or over):		Date:	
Street Address:	City:	State:Zip:	
			_
Name of Parent/Legal Guardia	n (print name):		
		Date:	
		Cell Phone:	