

Authorization and Release Form
Texas Wesleyan University, Fort Worth, Texas

I (We), the undersigned, being the natural parents and/or the designated legal guardian(s) or custodian(s) of

(Name) _____ (gender) _____ a minor, date of birth ____/____/____
(Printed) (Last) (First) (MI) (M/F) Month/Date/Year

residing at _____, _____, _____
(Street) (City) (St) (Zip)

enrolled at _____ in _____ hereby authorize, consent and contract as follows:
(High School) (Grade)

a. Permission is expressly granted for said minor child (student) to attend the Youth Leadership Conference (YLC) to be held at **Texas Wesleyan University, Fort Worth, Texas**, hereinafter referred to as conference site, during the period **July 7th to July 11th 2019** inclusive, including the necessary travel time, under the joint sponsorship of the Military Order of the World Wars (MOWW), and/or affiliated organizations (collectively MOWW) with funding by the Texas Patriotic Education Foundation, Inc.,

b. It is understood that said child (student) was invited to attend the Conference after being selected from among other applicants in an interview process conducted and sponsored by the MOWW, who will provide the expenses incurred by the child's (student's) attendance, including tuition, lodging, meals, tours, materials, and all Conference activities.

c. I (we) hereby release, and contract to hold harmless, the MOWW, and any other cosponsors of the YLC, from any and all liability, negligence, and/or gross negligence and will be responsible for the child's (student's) welfare, well-being and control for the entire period of the Conference, including the day of arrival and the day of departure from the Conference site.

d. By my (our) signature(s) hereto, I (we) attest that I (we) fully understand that I (we) waive any and all rights whatsoever and AGREE NOT TO EXERCISE any right to make a claim or litigate against the Sponsoring Organization and/or the MOWW.

Witness my (our) signatures this _____ day of _____, 2019.

(Signature)

(Signature)

(Name Printed)

(Name Printed)

Relationship: _____

Relationship: _____

Address: _____
(Street)

Address: _____
(Street)

(City) (St) (ZIP)

(City) (St) (ZIP)

Phone No. (home): (____) _____

Phone No. (home):(____) _____

Phone No. (work): (____) _____

Phone No. (work): (____) _____

Student Cell No.: (____) _____

Parental Cell No: (____) _____

Student Email: _____

Parental Email: _____

The Military Order of the World Wars
&Affiliated Organizations
Funding by the Texas Patriotic Education Foundation, Inc.

Accepted by (Signature)

(Contact Name)
(Sponsoring Chapter or Organization)