

# Authorization and Release Form

## USS Lexington Museum, Corpus Christi, Texas

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

**(Printed Name):** \_\_\_\_\_ (gender) \_\_\_\_\_ a minor, date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(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 the **USS Lexington Museum**, Corpus Christi, Texas, hereinafter referred to as conference site, during the period **June 21<sup>st</sup> to June 25<sup>th</sup> 2020** inclusive, including the necessary travel time, under the joint sponsorship of the Military Order of the World Wars (MOWW), and Affiliated Organizations (collectively MOWW) and funded 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 transportation, 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 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 MOWW or affiliated organizations.

Witness my (our) signatures this \_\_\_\_\_ day of \_\_\_\_\_, 2020.  
(date) (month)

\_\_\_\_\_  
(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: \_\_\_\_\_

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

Accepted by (sponsor)

\_\_\_\_\_  
(Sponsoring Chapter or Organization)