



Student Information/Liability Form

This form **MUST** be filled out in its entirety and signed where indicated by **Parent Signature** in order for your child to participate in the Young Entrepreneurs Academy. Please return this to Dale Perrin @ Lake Zurich Area Chamber of Commerce, 1st Bank Plaza, Suite 308, Lake Zurich, IL 60047, by October 20, 2010. If you have any questions, please call 847-438-5572. **PLEASE PRINT CLEARLY**

Personal Information

Student First: _____ Last: _____

Birth date: _____ Gender: M F

Parent/Guardian First: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Insurance

The program does not provide accident and health insurance. Participants are required to provide their own coverage.

Insurance Carrier: _____ Policy Number: _____

Subscriber's Name: _____

Primary Care Physician: _____ Physician's Phone: _____

Medical Information

Please list any allergies: _____

Does your child wear contact lenses, a hearing aid or other assistant device? Yes No

Does your child have a chronic disease or condition that we should be aware of? Yes No

Does your child have any special needs? Yes No

If you answered yes to any of the above questions, please specify: _____

Emergency Contact Person

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____



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Medication Waiver

Please indicate if your child needs to have medication administered to him/her as needed.

- My child _____ needs _____ medication administered at _____ each day.
 In the event a bee stings my child _____, I request that a YEA! representative administer a medication that I have provided.

I acknowledge that YEA!. is administering this medication in order to accommodate my child's medical condition and solely as the result of my request. I understand that trained medical personnel will not administer the medication and I assume any and all risks whatsoever.

Name of Parent/Guardian: _____ Signature & Date: _____

Statement of Risk and Liability, Certificate of Health Emergency Waiver

In consideration for allowing _____ to participate in the Lake Zurich Area Young Entrepreneurs Academy, I, as his/her parent/guardian represent and affirm to the Lake Zurich Area YEA! and YEA! Inc. that:

1. I understand that participating in any activity involves a risk of injury or harm
2. All such risks are being assumed knowingly and voluntarily, including but not limited to those associated with travel to and from the program
3. I certify that my child is in good health and has no physical conditional that would prevent him/her from participating in the program.
4. In the event of the Program's inability to locate me, or the emergency contact designee, I give permission to the Program Authorities to take such emergency measures, as they deem appropriate until such time as emergency contact designee or myself can be contacted.
5. I will not hold YEA! Inc, the Lake Zurich Area Chamber of Commerce, Lake Zurich High School, and Community Unit School District 95, its employees, and agents responsible for any injury or other harm that results from program participation.

Name of Parent/Guardian: _____ Signature & Date: _____

Permissions

Publicity: Students participating in the Young Entrepreneurs Academy may have opportunities to speak about their experience with the program to the media during in school presentations and for other publicity related events.

- I agree to allow my child to participate in publicity opportunities for the Young Entrepreneurs Academy
 I do not want my child to participate in publicity opportunities for the Young Entrepreneurs Academy

Field Trips:

- I give my child permission to leave the Lake Zurich High School grounds with the YEA! Instructor and Program Manager using transportation arranged by the YEA! Program Manager.
 My child does not have permission to leave the Lake Zurich High School grounds for Field Trips.

Name of Parent/Guardian: _____ Signature & Date: _____



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In consideration for allowing _____ to participate in the Young Entrepreneurs Academy, I, as his/her parent/guardian hereby confer on YEA!, Inc. the absolute and irrevocable right and permission with respect to the images that it has taken of my minor child:

1. The right to copyright the same in the YEA!, Inc. name or any other name that it may select,
2. The right to use, re-use, publish and re-publish the same in whole or in part, separately or in conjunction with other videos or photographs, in any medium now or hereafter known, and for any purpose whatsoever, including (but not by way of limitation) illustration, promotion, advertising and trade, and;

I hereby release and discharge YEA!, Inc. from all and any claims and demands ensuing from or in connection with the use of the images. This authorization and release shall inure to the benefit of the legal representatives, licensees and assigns of YEA!, Inc.

Name of Parent/Guardian: _____ Signature & Date: _____