



Participant Information & Consent Form

Saturday, May 16, 2020

Parent/Guardian Information

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

My Relationship to Participant: _____

Participant Information

First Name: _____ Last Name: _____ Grade: _____

School: _____ School District: _____

Age: _____ Gender: Male Female

Ethnicity: African American Asian Caucasian Hispanic Other

What is the name of your business? _____

Give a brief description of the product or service you plan to sell:

What price will you charge for each item? (If you have more than one item for sale, please list them all.):

Do you give permission for your child's photograph or video to be taken and used without compensation by Junior Achievement of Mahoning Valley and the Eastwood Mall? Yes or No

Consent

As the parent or guardian of the child named above, I consent to my child's participation in *Start My Business*. I understand *Start My Business* is a family event, and I agree that I (or another responsible adult who I approve) will assist and supervise my child. I understand that the organizers of *Start My Business* events are not and will not be responsible for supervising my child. I agree to release, indemnify, defend and hold harmless the organizers of *Start My Business* and anyone associated with it or *Start My Business* from any and all claims for personal injuries or property or damage resulting in my child's participation in *Start My Business*, even if such injury is caused by negligence of them.

I agree!

Photography Disclaimer

I hereby grant Junior Achievement of Mahoning Valley and Eastwood Mall, permission to make still photographs, video tapes, audio recordings and / or use of verbal quotes from me. I also give Junior Achievement and Eastwood Mall to use these completed audiovisual and print products for *Start My Business* promotional purposes without compensation or remuneration to me in any manner; in like and related regard, *Start My Business* will not charge or access me any fees or service charges for my voluntary participation in this audiovisual product production. Further, I relinquish and give to *Start My Business* all rights, title and interest, if any, I may have in the completed still photographs, video tapes or audio recordings, negatives, prints, reproductions and copies of the masters, negatives, recordings, duplicates, prints and verbal quotes for print.

I agree!

Parent/Guardian Signature: _____ Date: ____ / ____ / **2020**

Print First and Last Name: _____

Mail To: Junior Achievement of Mahoning Valley | 1601 Motor Inn Dr. #305 | Girard, OH 44420

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