



**TRIANGLE UPLIFT FOUNDATION** 501c3

P O Box 14112 ~ Raleigh, North Carolina 27620

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**YOUTH INNOVATION SUMMIT**

**Parent Application**

**Deadline: Application must be postmarked by December 15, 2018**

Completion of application does not guarantee you or your student admission.

Please complete all requested information and attach to student application.

**Participation limited to Triangle-area students and limited to ONE parent per family.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Student Name \_\_\_\_\_

Did you attend the 2018 Youth Innovation Summit? Yes \_\_\_\_\_ No \_\_\_\_\_

**Parent Information**

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Gender \_\_\_\_\_

Name of Emergency Contact Person \_\_\_\_\_

Cell Phone Number of Emergency Contact Person ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship of Emergency Contact Person to Parent \_\_\_\_\_

PLEASE LIST ANY ALLERGIES, DIETARY RESTRICTIONS, OR MEDICAL CONDITIONS

Give a brief description of what information you would like to receive at the Youth Innovation Summit.

Waiver

Parental Agreement, Liability Waiver, and Consent Form  
Youth Innovation Summit January 19, 2019

I understand the participation of me and my child/ward in the Youth Innovation Summit will include the following. The events of the Youth Innovation Summit will be in a classroom setting. All Youth Innovation Summit students are expected to remain on campus with the workshops in which they are enrolled. Triangle Uplift Foundation will bear the full cost of workshop materials and food for each participant in the event. Parent/Guardian must provide Transportation to and from the Youth Innovation Summit.

I understand that signing this release form is an acceptance to the above and a prerequisite to participate in the Youth Innovation Summit. In addition, it is your responsibility to inform the Program Coordinator of this program of any extenuating circumstances (medical, physical, diet, or mental) that affects the well-being of the participant or might detract from learning experiences of the other participants.

The Triangle Uplift Foundation may photograph and video me and my child during the program and I hereby consent to the use of these photos and videos by the Triangle Uplift Foundation. Parents and Guardians are also responsible for ensuring each participant has no weapons, drugs, or any illegal substance that causes threat to him or the general body of participants.

I understand that participating in the Youth Innovation Summit program involves risk. These risks include, but are not limited to, inclement weather, facility or equipment problems or failures, contacts with and actions of other participants, and physical injuries, among others. I choose for me/my child and myself to participate in the program despite the risks. By signing this form, I acknowledge all risks of injury, illness, and death and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with participation in the program. I certify that there are no medical or other reasons why my child should not participate in this program. I also agree for myself and for any child participant to follow all rules and procedures of the program and to follow the reasonable instructions of the teachers, supervisors, and staff of the program. In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors, and administrators to release, waive and discharge any legal rights I may have to seek payment or relief of any kind from Triangle Uplift Foundation or Youth Innovation Summit; their respective employees or agents for injury, illness, or death [to me or my child] resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release waive, and discharge any legal rights that I may assert on behalf of the child participation in the program. I, the undersigned parent or guardian, understand that an emergency situation may arise where the delay of medical or surgical procedures could endanger the well-being of my child. I do hereby grant permission to the staff of Youth Innovation Summit to render judgment in my absence concerning medical assistance or hospital care in the event of an accident or illness.

I ACKNOWLEDGE THAT ALL INFORMATION IS CORRECT, AND MY CHILD IS PHYSICALLY AND EMOTIONALLY CAPABLE OF POSITIVELY PARTICIPATING IN SPECIFIED PROGRAM ACTIVITIES. BY SIGNING THE BOX BELOW, I GRANT CONSENT TO ALL PERMISSIONS AND AGREE TO ALL WAIVERS ON THIS REGISTRATION FORM AS NOTED.

\_\_\_\_\_  
Parent / Guardian Signature:

\_\_\_\_\_  
Date:

For internal use

Referred by \_\_\_\_\_

Date received: \_\_\_\_\_ Accepted Y/N: \_\_\_\_\_