



COMBINED PERMISSION; RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT; AND EMERGENCY MEDICAL/CONTACT INFORMATION

PERSONAL INFO FOR TEEN(S) PARTICIPATING (MUST BE 16 OR OLDER):

Teen's Name	Mobile Phone	Birth Date

PARENT(S)/GUARDIAN(S) INFORMATION:

Name	Mobile Phone	Relationship

IN CASE OF EMERGENCY CONTACT:

Name	Mobile Phone	Relationship

PERMISSION TO PARTICIPATE; RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT

I give permission for my/our child/children listed above to participate in the You & I – The Source of Everything seminar (“The Seminar”). In consideration of the opportunity of my/our child/children to participate in the activities of the seminar, I release Graysola Enterprises LLC, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my/our child/children arising from my their participation in the activities of the seminar; and I agree to indemnify and hold forever harmless Graysola Enterprises LLC, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my/our child/children arising from activities of the seminar or resulting from traveling to or from the activities.

AUTHORIZATION TO OBTAIN URGENT OR EMERGENCY MEDICAL CARE:

As the parent(s) or legal guardian(s) of the child/children listed above I/we give permission for Graysola Enterprises LLC, its agents, staff, and volunteers to obtain urgent or emergency medical care for my/our child/children, and I/we authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me/us prior to obtaining such care, but I/we authorize such care whether I/we are contacted or not, and I/we agree to be financially responsible for such care.

Parent/Legal Guardian

Parent/Legal Guardian

Date

Date

(Please send this completed form with your child/children when they attend the seminar)