



LOCK IN REGISTRATION FORM

COST: \$5 Per Participant

PARENT/GUARDIAN APPROVAL AND WAIVER OF CLAIMS

Participant Name:	Age:	Sex: M/F (circle one)
I hereby approve my child's participation in this monthly activity. I expressly Mentoring, Inc., its family, board of directors, LOTWCFII, JLSCC, its board or other damage that may be incurred to my child or said participant's property.	f directors and repre	sentatives because of injury
Parent/Guardian (print):	Date: _	
Signature:	Date:	
Cell phone number:		
Email Address:		
Comments (special instructions):		
I, the undersigned, do hereby consent and agree that LOTW/DGM, its employence photographs, videotape, or digital recordings of me and to use these in any exclusively for the purpose of Youth Jam. I further consent that my name and descriptive text or commentary.	and all media, now	or hereafter known, and
I do hereby release to LOTW/DGM, its agents, and employees all rights to e publicly or privately. I waive any rights, claims, or interest I may have to cowhatever media used.	xhibit this work in prontrol the use of my i	int and electronic form dentity or likeness in
I understand that there will be no financial or other remuneration for recortransmission or playback.	ding me, either for in	nitial or subsequent
I also understand that LOTW/DGM are not responsible for any expense or lia this recording, including medical expenses due to any sickness or injury including		esult of my participation in
I represent that I am at least 18 years of age, have read and understand the execute this agreement.	e foregoing statemen	t, and am competent to
Signature:	Date:	
Print Name:		