

Tennessee Leadership Summit (Virtual) June 20-23, 2021 Participant Information and Releases



I. PARTICIPANT I	NFORMATION		
Name of Participant:			
County:			
Date of Birth:	Age: Gender	r: Male: Female:	
Parent or Legal Guardian: _			
Home Address:			
	(Street/PO Box) Daytime Phone:	(City) (State) Nighttime Phone:	(Zip)
		Phone:	
Other Emergency Contact:	(Name)		
	(Address/City/State/Zip)	(Phone, if diff	ferent than above)
include: A. Participants shall sl B. Participants shall pl C. Participants' conducting and participants and participants und so may result in a participant. III. PUBLICITY REI By indication of signature of audio/video tape, record and known or developed in the first and participants. REQUIRED SIGNATURI	how respect for peers and speakers the articipate fully in all programs outlined at all times shall be appropriate to appons and fireworks will not be toler derstand and accept the responsibility at not being allowed to participate in LEASE on the last page, participants authorized for televise their image and voice, and tuture, without any restrictions.	the dor the event. The the standards and image of the program rated at any event or activity. The for following the above guidelines, and the event and/or made ineligible to particular to particular to the event and/or made ineligible and agent and biographical material, in whole or in particular to the particular to the event and agent agent and biographical material, in whole or in particular to the particular to the event and agent agent agent agent agent agent. PARTICIPANT	. Tobacco products, realize that failure to do cipate in future events s to photograph, film, part in any medium now
procedures as stipulated in t	he preceding sections of this EVEN	on this form. We understand and agree to T ACCEPTANCE FORM. We understan eptance and a full, dated signature must be	d that all of the following
	Participant's		
	nitials I. Participant Inform II. Code of Conduct	ation	
	III. Publicity Release		
I have read this Release an	d sign it on behalf of myself, my h	neirs, assigns and anyone entitled to act	on my behalf.
Signed		Date	
(Pa	rent or Guardian Signature)	Date <i>(Month/L</i>	Day/Year)
Signed		Date	
(Pa	rticipant's Signature)	Date(<i>Month/D</i>	Day/Year)