PARENTAL CONSENT AND RELEASE FOR ANGEL LIGHT ACADEMY'S
JR. LEADER PROGRAM

Name of Child	**Age**	**Date of Birth**

Street Address	**Apt#**	**City**	**State**	**Zip Code**

Cell Phone	**Home Phone**	**School**

Emergency Contact Name	**Relationship**	**Telephone**

1. I am the parent or legal guardian of the aforesaid child. I consent and agree to my child's attendance and participation in the **Angel Light Academy's Leadership Training Institute's Junior Leader Program and the entertainment and service projects to be held throughout 2025 – 2026**. The Junior Leader meetings, entertainment and service project will be held in various locations.
2. In exchange for any educational, social or personal benefits which may be realized by my child, I agree that **Angel Light Academy, Macro Management, Inc., Golden Crown, Inc., Judith Baily Wilmot, Tracy Foley** and their respective employees, agents, representatives, teachers, facilitators, instructors and unpaid volunteers (collectively the "**Adult Leaders**") shall have no responsibility for any harm, discomfort, loss, injury, damage or death to any person or property or for any accident, mechanical defect, medical condition, failure or negligence of any nature whatsoever, including, without limitation, transportation to and from the **Junior Leader Meetings** by any one or more of the **Adult Leaders**, volunteers, or parents of Junior Leaders, caused in connection with my child's voluntary participation in the **Junior Leader Program,** I waive and release any and all claims, liabilities, suits, actions and damages which may arise because of my child's participation in the **Junior Leader Program**. I indemnify and hold forever harmless the **Adult Leaders**, collectively and individually, and I agree to reimburse to the **Adult Leaders** all costs, fees and expenses, including attorneys' fees and expenses, which may be incurred by them (or any one of them) in defense of any complaints, suits or actions brought by me or any member of my family against them (or any one or more of them) as a result of, or in connection with, the **Junior Leader Program.**
3. I authorize my child's school teachers and administration officials, as well as law officials and any other authorities, to release reports and information regarding my child to Angel Light Academy to be used solely for statistical and evaluation purposes of the Youth Leadership conferences and related programs.

4. My child is currently taking the following physician prescribed **medication**:

_____

I agree to send such **medication** in the proper dosage which must be taken by my child during the hours of the **Junior Leader Program.** I consent and agree that the **Adult Leaders** can administer any and all prescribed **medications** as is deemed necessary and as indicated by explicit written instructions, signed by me, as to how, what quantity and when such **medication** must be administered.
5. I understand that all or some portion of the **Junior Leader Program** may be recorded by video, audiotape and/or camera. I agree that my child's photograph, likeness, voice and image may be so recorded. I further understand and agree that these materials and images together with any drawings, pictures, images, messages created by or about my child at the **Program** shall be owned by the **Adult Leaders** and may be used, without payment, at any time for broadcast, fundraising, promotion, advertising, publicity and any other legal purposes without further consent by me or my family.
6. It is expressly agreed that the indemnification and releases set forth in Paragraph 2 hereof applies to each and every provision contained in this **Consent and Release.**

Signature	**Print Name**	**Date**