PARENTAL CONSENT AND RELEASE FOR ANGEL LIGHT ACADEMY'S YOUTH LEADERSHIP CONFERENCE

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

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

Parent Name **Parent Phone** **Child 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 Youth Leadership Conference** held on January 24th and 25th, 2026 at James Workman Middle School, 69300 30th Ave, Cathedral City, California 92234.
2. In exchange for any educational, social or personal benefits which may be realized by my child, I agree that **Angel Light Academy, Leadership Training Institute, Macro Management, Inc., Golden Crown, Inc., Judith Baily Wilmot, James Workman Middle School, the Palm Springs Unified School District** and their respective employees, agents, representatives, teachers, facilitators, instructors and unpaid volunteers (collectively the "Conference 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 Youth Leadership Conference by any one or more of the Conference Leaders, volunteers, or parents of a conference attendee, caused in connection with my child's voluntary participation in the Youth Leadership Conference I waive and release any and all claims, liabilities, suits, actions and damages which may arise because of my child's participation in the Youth Leadership Conference. I indemnify and hold forever harmless the Conference Leaders, collectively and individually, and I agree to reimburse to the Conference 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 Youth Leadership Conference.
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 **Youth Leadership Conference.** I consent and agree that the **Conference 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 **Youth Leadership Conference** 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 **Conference** shall be owned by the **Conference 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**

INTERNAL USE ONLY: **Payment type: Cash ____ Check # _____ Amount $ _____**