



INDIVIDUAL Permission and Release Form
Completed form REQUIRED for
each team member

Please PRINT or TYPE clearly in Ink

Participant's Full Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

- I understand that participation in Kansas Personal Finance Challenge may require travel to other areas and/or states and may require me to miss some school or work. I am willing to agree to the following terms in order to participate in Kansas Personal Finance Challenge:
I release and hold harmless the Kansas Council for Economic Education (KCEE) or Wichita State University (WSU) from any harm or damage to me or my property arising out of participation in Personal Finance Challenge.
I agree that Kansas Council for Economic Education (KCEE) is the sole owner of all the rights to the Kansas Personal Finance Challenge name, program, logo, materials, copyrights and service marks, and all royalties, income and/or fees in connection with Kansas Personal Finance Challenge.
I grant to KCEE, Wichita State University, its agents and/or licensees, my unrestricted permission to use and re-use my name, photograph, and other likeness and biographical information. This grant includes the use of such information or likeness on television and in any other media for any purpose and for use in publicity and advertising in all media.

Participant's Signature: _____ Date Signed: _____

Participant is 18 years or older ____ YES ____ NO

IF PARTICIPANT IS UNDER 18 YEARS OLD PARENT OR LEGAL GUARDIAN MUST READ THE FOLLOWING AND SIGN BELOW:

I am the parent/guardian of the participant and have the authority to make this agreement on behalf of the participant. I give my permission and consent that participant may take part in Kansas Personal Finance Challenge competitions. I agree to foregoing terms on behalf of the participant.

Parent/Legal Guardian Name (Print): _____

Street Address: _____

City: _____ State: _____ ZIP: _____ Phone: _____

Signature: _____ Date Signed: _____

Coaches:

Coach's Name: _____ School/Organization: _____

Return To: Kansas Council for Economic Education
1845 Fairmount St, WSU Campus Box 203
Wichita, KS 67260-0203
Fax: 316-978-5164
kcee@wichita.edu

Please return this form to the teacher ASAP.

