

KCEE Awards Dinner Release Form



By signing below, I am willing to agree to the following terms in order to participate in the KCEE Regional Awards Dinner.

I release and hold harmless the Kansas Council for Economic Education, sponsoring groups and/or organizations, their agents and/or employees, from any harm or damage to me or my property arising out of participation in the awards dinner.

I grant to Kansas Council on Economic Education, its agents and/or licensees, my unrestricted permission to use and re-use the participants name below, photograph, and other likeness and in any other media for any purpose, and for use in publicity and advertising in all media.

All fields are required.

Participant's Name _____

Address _____

City _____ State _____ ZIP _____

Participant's Signature _____ Date _____

Participant is 18 years of age or older: Yes No

If NO is selected above, participant's parent/legal guardian must complete and sign below:

By signing below, I certify that I am the parent or legal guardian of the participant and have the authority to make this agreement on behalf of the participant. I give my permission and consent that the participant may take part in KCEE Awards Dinners. I agree to the foregoing terms on behalf of the participant.

Parent/Guardian's Name _____

Address _____

City _____ State _____ ZIP _____

Email _____ Phone _____ Fax _____

Parent/Guardian Signature _____ Date _____

Return To: Kansas Council for Economic Education
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