# Florida Restaurant & Lodging Association Educational Foundation (FRLAEF)

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# Participant Waiver & Authorization and Release Form

### Project: 18th Annual ProStart Culinary Team Competitions

**Date: March 3 – 4, 2018**

## Location: Orlando, Florida

I understand that I hold the FRLAEF and any FRLAEF affiliated entity, their officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her and or parent/guardian.

I hereby consent that the FRLAEF, its representatives, successors or assigns, shall have the right to publish or use any photographs, movie films, video tapes, digital images and/or sound recordings, submitted text or any part thereof, they have taken or made of me on this date or in which I may have included, for publicity, advertising, Internet usage or any other lawful purpose in conjunction with my own or a fictitious name, or in reproductions thereof in color.

I hereby waive all claims for any compensation for use or for damages.

I hereby waive any right that I may have to inspect and/or approve the finished product or the use to which it may be applied.

I hereby warrant that I have every right to contract in my own name in the above regard. I state further that I have read the above authorization and release, prior to its execution, and that I am fully familiar with the contents thereof.

This form must be completed and signed before students are eligible to participate in the FRLAEF’s 18th Annual ProStart Culinary Team Competitions. I have read, understand and agree to comply with the information in this document.

## Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_**

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent or Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**