

TROY AREA CHAMBER OF COMMERCE

510 W Water Street, Suite 110

Troy, Ohio 45373

937-339-8769 | www.troyohiochamber.com

Teen Leadership Troy - Parent/Guardian Consent and Authorization Form

Program Participation

I understand that my child is participating in **Teen Leadership Troy**, a youth leadership program administered by the Troy Area Chamber of Commerce ("Chamber"). Program activities may include visits to multiple community locations and businesses throughout the Troy area.

Transportation Authorization

I understand that participation in Teen Leadership Troy may require travel between program locations on designated program days. I give permission for my child to travel between program locations in the following ways:

- My child may drive themselves to program locations**
- My child may ride with another student participant**
- My child may ride with an approved adult volunteer, staff member, or program representative**

If my child is driving, I certify that:

- My child holds a **valid driver's license**
 - My child is covered by **current automobile liability insurance** as required by Ohio law
 - The vehicle driven by my child is **properly registered and insured**
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Transportation Risk Acknowledgment and Release

I understand that transportation between program locations may be provided by student drivers, parents/guardians, or approved volunteers and **is not transportation operated or controlled by the Troy Area Chamber of Commerce.**

I acknowledge that travel by motor vehicle involves inherent risks. On behalf of myself and my child, I voluntarily assume these risks and agree to **release, waive, and hold harmless the Troy Area Chamber of Commerce, its board members, officers, employees, volunteers, partners, sponsors, and affiliated organizations from any and all claims, liabilities, damages, or expenses arising from or related to transportation to, from, or between Teen Leadership Troy program activities**, except in cases of gross negligence or willful misconduct.

If my child is **not permitted to drive or ride with others**, I understand that I am responsible for arranging transportation to and from all program activities.

Media and Promotional Consent

I understand that photographs, video recordings, and other media may be taken during Teen Leadership Troy activities.

I grant permission to the **Troy Area Chamber of Commerce** to photograph, record, and use my child's image, likeness, voice, and/or name for **promotional, educational, or informational purposes** related to Chamber programs and community initiatives.

This authorization includes, but is not limited to use in:

- Chamber websites and digital media
- Social media platforms
- Printed publications and marketing materials
- News media coverage or partner publications
- Promotional videos, presentations, and reports

I understand that these materials may be used **without compensation** and that this permission is **ongoing and does not expire**, unless revoked in writing.

General Program Liability Release

I understand that participation in Teen Leadership Troy may involve activities that take place in community facilities, businesses, and other locations throughout the Troy area. While the Troy Area Chamber of Commerce takes reasonable precautions to promote a safe program environment, certain risks associated with participation in program activities may exist.

On behalf of myself and my child, I voluntarily assume all reasonable risks associated with participation in Teen Leadership Troy activities. I agree to **release, waive, and hold harmless the Troy Area Chamber of Commerce, its board members, officers, employees, volunteers, partners, sponsors, host sites, and affiliated organizations from any and all claims, demands, damages, liabilities, or expenses arising out of or related to my child's participation in Teen Leadership Troy program activities**, except in cases of gross negligence or willful misconduct.

Acknowledgment and Consent

Student Name: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____