

CARES CONFERENCE 2026 · TEEN DAY

# PARENT / GUARDIAN CONSENT, MEDICAL AUTHORIZATION & RELEASE FORM

Saturday, August 1, 2026 · The University of Memphis · Memphis, TN

## DRAFT FOR LEGAL REVIEW

This form must be completed and signed by the parent or legal guardian of any participant under 18. A teen may not check in or participate in Teen Day activities without a completed, signed form on file. Please print clearly in ink.

### SECTION 1 PARTICIPANT (STUDENT) INFORMATION

PARTICIPANT FULL NAME

DATE OF BIRTH

SCHOOL

GRADE (FALL 2026)

PARTICIPANT CELL PHONE

PARTICIPANT EMAIL

HOME ADDRESS

### SECTION 2 PARENT / GUARDIAN INFORMATION

PARENT / GUARDIAN FULL NAME

RELATIONSHIP TO PARTICIPANT

CELL PHONE

EMAIL

HOME ADDRESS (IF DIFFERENT FROM ABOVE)

### SECTION 3 EMERGENCY CONTACT (if different from parent/guardian above)

NAME

RELATIONSHIP

PHONE

### SECTION 4 MEDICAL INFORMATION & EMERGENCY TREATMENT AUTHORIZATION

ALLERGIES / MEDICAL CONDITIONS WE SHOULD KNOW ABOUT

CURRENT MEDICATIONS

PRIMARY PHYSICIAN

PHYSICIAN PHONE

HEALTH INSURANCE PROVIDER

POLICY / MEMBER NUMBER

In the event of a medical emergency, and if I cannot be reached at the numbers provided, I authorize CARES Conference and CLIF staff to obtain emergency medical care for my child, including transport to a medical facility. I understand I am responsible for any resulting medical costs. [Counsel to confirm scope.]

#### SECTION 5 ACTIVITY PARTICIPATION CONSENT

I give permission for my child to attend and participate in the CARES Conference Teen Day on August 1, 2026, including interactive road-safety stations and demonstrations — such as reaction-time and driving simulators, a seat-belt demonstration device, and impairment-simulation goggle exercises — along with breakout sessions, the pledge activity, and related programming. I understand some activities involve physical movement and simulated scenarios.

#### SECTION 6 PHOTO & MEDIA RELEASE

**Please select one:**

I GRANT permission for CLIF and the CARES Conference to photograph, film, or record my child and to use their image, likeness, and voice in educational, promotional, and grant-reporting materials (print, web, and social media), without compensation.

I DO NOT grant permission to use my child's image or likeness.

#### SECTION 7 PICKUP & DEPARTURE AUTHORIZATION

Individuals authorized to pick up my child (other than the parent/guardian above):

NAME

RELATIONSHIP / PHONE

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NAME

RELATIONSHIP / PHONE

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My child is a licensed driver and has my permission to drive and depart independently at the conclusion of the event.

## SECTION 8 RELEASE & WAIVER OF LIABILITY

*[The following is template language for review and revision by CLIF's attorney and insurer before use.]*

I understand that participation in the CARES Conference Teen Day is voluntary. In consideration of my child's participation, I, on behalf of myself and my child, release and hold harmless the Collegiate Life Investment Foundation (CLIF), the CARES Conference, The University of Memphis, and their respective sponsors, partners, officers, employees, and volunteers from any and all claims, liabilities, or expenses arising from my child's participation, except those resulting from gross negligence or willful misconduct. I acknowledge that I have read this form, understand its contents, and am signing it freely.

## SECTION 9 CODE OF CONDUCT ACKNOWLEDGMENT

I have reviewed the event expectations with my child. We understand participants are expected to follow all staff and volunteer instructions and to conduct themselves respectfully, and that CARES Conference staff may contact me if concerns arise.

## SECTION 10 SIGNATURES

\_\_\_\_\_  
Parent / Guardian signature

\_\_\_\_\_  
Date

PARENT / GUARDIAN PRINTED NAME

\_\_\_\_\_

\_\_\_\_\_  
Participant signature (assent)

\_\_\_\_\_  
Date

Return with registration. Questions: Ciera Foster · [ciera.foster@clif2012.org](mailto:ciera.foster@clif2012.org) · 901-620-8277 · **#DrivenToChange**  
*DRAFT mockup — not legal advice. To be reviewed and approved by legal counsel and insurer before use.*