



Participant Agreement 2019

We are looking forward to having you participate in our second annual 1N5 Youth Mental Health Innovation Challenge event on Saturday June 8th and Sunday June 9th! In order to ensure the event is as constructive and safe as possible, please read over the following guidelines and place your initials next to each one to indicate that you agree to uphold appropriate conduct for the event. We appreciate your adherence to these guidelines. Failure to uphold the guidelines will result in you having to forfeit your spot on your team.

Forms must be submitted by April 19, 2019 to beth_dulle@1N5.org

_____ I will arrive on time both days at 9:00am and stay for the entire event, until the event officially ends at 5:00pm

_____ I will not use my cell phone or other electronic devices for purposes other than the challenge event except for during breaks

_____ I will not be under the influence of any illegal or alcohol substances during the two full days of the event

_____ I will be respectful of my fellow teammates, my team mentor, and the event staff throughout the entire event

Please sign and date on the line below and have your parent/guardian sign as well. Doing this means that you agree to adhere to the above agreements for the entire event. If you anticipate not being able to adhere to any of these agreements, please reach out at: beth_dulle@1N5.org prior to the registration deadline.

Student Name Date

Student Signature Date

Parent/ Guardian Name – if high school student Date

Parent/ Guardian Signature- if high school student Date



Stop the Stigma. Start the Conversation.



General Media Release Form: 1N5.org

Production Date: June 8 and 9, 2019

I, the undersigned, hereby authorize _____ **1N5.org** _____ to photograph me, take motion pictures of me, take video footage of me, and/or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions).

2) I authorize the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to educational and other public media as may be deemed appropriate by _____ **1N5.org** _____ (I understand that I may be identifiable from such photographic or electronic reproduction)

Agreed and accepted by:

Print Name _____

Address _____

City, State, Zip _____

Phone _____

Signature & Date _____

PARENTAL CONSENT I certify that I am the parent or guardian of the individual above, _____, a minor under the age of eighteen years. I hereby agree to assume legal responsibility for his/her authorizations referred to in this General Media Release.

Signature of Applicant's Parent/Guardian

Date

Address of Parent/Guardian

City, State, Zip Code

(_____) _____ Phone Number

Questions/Concerns contact: Beth Dulle: beth_dulle@1N5.org