

Build My Future Central Ohio Construction Career Showcase



Event Consent & Release

Event Date: October 1, 2025 Event Location: Franklin County Fairgrounds Event Time: 9:00am-3:00pm School/Group: Group Leader Name (Teacher/Counselor): SCHOOL-ARRANGED | **SELF-TRANSPORT** Transportation: **Student & Parent/Guardian Information** Student Name: _____ School/District: Grade: Parent/Guardian Name: _____ Parent/Guardian Phone: ______ Parent/Guardian Email: ____ Emergency Contact: ______ Emergency Contact Phone: _____ **Consents & Acknowledgements** 1) Participation & Liability: I authorize the above-named student to attend and participate in Build My Future Central Ohio's (BMFCO) one-day Construction Career Showcase Event, including school- or event-arranged travel. In consideration of participation, I, on behalf of myself and the student, release and hold harmless the school, event organizers, host venue, exhibitor/ sponsors, and their officers, employees, volunteers, and agents from claims for injury or property damage arising out of participation in event activities or related travel, except to the extent caused by gross negligence or willful misconduct. This clause addresses participation-related risks only and does not govern medical treatment, which is addressed in Section 2. 2) Medical Care: If the student becomes ill or injured during the event, I authorize event staff, emergency responders, and/or school representatives to obtain evaluation, first aid, emergency transport, and any medically necessary treatment as determined by licensed medical professionals. BMFCO does not retain medical history. Reasonable efforts will be made to contact me first when practicable. I accept financial responsibility for costs associated with such care and authorize the release of relevant information to healthcare providers and insurers for treatment, payment, and coordination of care. This authorization concerns medical decision-making only and does not waive or expand any other rights or releases. 3) Photo/Video: The event may capture photographs and/or video for use in publications, websites, and other media. Images will not be identified using full names or personal identifying information without written approval from the subject, parent, or legal guardian. If you do not wish for your student to be photographed/recorded, please check the box below and notify the school or event contact in writing prior to the event. I **DO NOT** consent to photo/video of my student for event-related publicity. 4) Safety: We understand that this is a hands-on construction career experience. All participants must follow safety instructions from event staff and wear any required personal protective equipment (PPE) provided on-site. Parent/Guardian Signature: Date: Student Signature (optional): ______ Date: _____ Date: _____ Return this completed form to your school/group leader by: ______.