



The Legacy Project

The Forever 14 mission is to advance conversation and human connection to prevent teen suicide.

PLEASE SIGN ONE WAIVER PER FAMILY AND LIST ALL FAMILY MEMBERS PRESENT

*****WAIVER MUST BE SIGNED FOR ALL INDIVIDUALS IN ATTENDANCE*****

PARTICIPATION/PHOTO/VIDEO/IMAGE RELEASE & WAIVER

I have chosen to voluntarily participate in a family/community connect event hosted by Forever14, Project Discovery and Rise Wellness. I understand that Forever 14 is a group of friends and parents working together to advance conversation and human connection to prevent teen suicide. Forever14 is a 501 (c)(3) non-profit organization and any participation, ticket fee or donation is voluntary and "in-kind" for the purpose of supporting Forever 14 social events, community service, and the establishment of the non-profit organization. While the intent of the days event is solely to promote fun, fellowship, and connection with friends, family, and community, I understand that themes such as suicide and suicide prevention, as well as other mature subject matter may be present in conversation and discussion. I release liability and hold harmless Forever14 and all Board Members and individuals affiliated with the Forever14 organization.

I understand that this event may be recorded on video and there will be still photography taken at this event. I authorize Forever 14 to 1.) record my likeness and/or voice on video, audio, photographic, digital, electronic, or any other medium, 2.) use, reproduce, exhibit, or distribute my name and recordings of any medium for promotional, advertising, educational, and/or other lawful purposes. I release and waive any claims or rights of compensation or ownership regarding such usage and understand that all such recordings shall remain the property of Forever 14 and used expressly for Forever 14 purposes. I certify that if I am under the age of 18 my parent/guardian has also signed below or has specifically sent written approval via text to a Forever 14 Board Member or email to connect@forever14.org.

PARTICIPANT/FAMILY PARENT OR GUARDIAN:

PRINT NAME _____
 SIGNATURE OF PARTICIPANT/GUARDIAN _____ DATE _____
 EMAIL ADDRESS _____
 Cell Phone # _____ Social media handle: @ _____

PLEASE PRINT NAMES OF ALL FAMILY MEMBERS PRESENT INCLUDING ALL MINORS THAT ARE UNDER THE SUPERVISION OF THE ABOVE GUARDIAN

NAME _____	CELL#/EMAIL _____
NAME _____	CELL#/EMAIL _____
NAME _____	CELL#/EMAIL _____
NAME _____	CELL#/EMAIL _____
NAME _____	CELL#/EMAIL _____