*FOR MEMBERS UNDER 18 YEARS OF AGE*

***Equipment Disclosure***

I/we give permission for my/our child to attend Wilmington Community Television, Inc.'s (WCTV) Youth Program or related workshops. Upon successful completion of the course, I/we give permission for my child to use WCTV's access equipment and facilities to produce programming. I/we assume complete responsibility for the actions of my/our child while using WCTV's equipment and facilities. I/we understand that I/we may be asked to reimburse WCTV for damage to any equipment or facilities, while in the possession of and/or in use by my/our child. Negligent handling of such equipment and/or facilities may result in the forfeiture of membership.

***Image Disclosure***

I/we give WCTV permission to record my/our child’s participation in WCTV events and activities. I /we understand that any programming produced with WCTV could end up on its television stations and its website. WCTV often promotes its programs and youth activities through signage, flyers and on social media, including its Facebook page, Twitter account and Instagram account. I /we give permission for my/our child to appear in these promotions, knowing that WCTV will never post my/our child’s full legal name on social media or other promotional materials without my/our expressed written consent.

*Check here only if you prefer that your child* ***not*** *appear on television or in promotional material and would simply like to have your child participate in a behind-the-scenes capacity.*

***Release/Indemnity:***

I/We hereby indemnify, release and hold harmless Wilmington Community Television, its employees, volunteers and/or duly authorized agents from any liability and/or responsibility for any damages to, and/or injuries sustained by, my/our child while under the care, custody and/or supervision of Wilmington Community Television. This indemnification shall not apply to any damages or injuries that are the direct result of a grossly negligent act, or omission, of Wilmington Community Television, its employees, volunteers and/or duly authorized agents.

Full Legal Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian (1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

*If Applicable:*

Signature of Parent/Guardian (2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (Other Than Parent):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_