



Event Participation Permission, Emergency Medical Authorization & Media Release

Shine believes every teenager deserves a place to belong. Thank you for helping us create supportive and inclusive experiences where young people can connect, grow, and shine.

Please complete this form before participating in a Shine event.

PARTICIPANT INFORMATION

Legal Name: _____
Preferred Name (if different): _____
Preferred Pronouns (Optional): _____
Date of Birth: _____ Age: _____ Grade (Optional): _____
School, Homeschool, or Other Program (Optional): _____
Participant Cell Phone (Optional): _____
Participant Email (Optional): _____

How did you hear about Shine? (Optional)

☐ School/QSA/GSA ☐ Friend ☐ Parent/Guardian ☐ Social Media ☐ Community Organization ☐ Pride Event
☐ Other: _____

PERMISSION TO PARTICIPATE

Please check ONE:

☐ Single Shine Event

Event Name: _____ Event Date: _____

OR

☐ Program Year Permission

I give permission for the participant listed above to participate in all Shine-sponsored events during the following program year:

Beginning: August 1, _____ Ending: July 31, _____

This authorization remains in effect through the ending date above unless revoked in writing by the parent/guardian or by the participant if they are 18 years of age or older.

PARENT/GUARDIAN INFORMATION

(Required for participants under age 18.)

Name: _____ Relationship: _____

Primary Phone: _____ Secondary Phone (Optional): _____

Email: _____

EMERGENCY CONTACT

(If different from the parent/guardian.)

Name: _____ Relationship: _____

Phone: _____

MEDICAL & EMERGENCY INFORMATION

Please share any information Shine volunteers should know in case of an emergency or to help the participant safely participate in activities (for example: allergies, dietary restrictions, accessibility accommodations, or other important information).

If none, please write "None."



SHINE EVENT PARTICIPATION FORM - CONTINUED

EMERGENCY MEDICAL AUTHORIZATION

In the event of a medical emergency, I authorize Shine volunteers to contact emergency medical services (911) and obtain emergency medical treatment for the participant, if a parent/guardian or emergency contact cannot be reached immediately.

I understand that every reasonable effort will be made to contact the parent/guardian or emergency contact listed on this form as soon as possible.

Initials: _____

TRANSPORTATION

I understand that Shine does not provide transportation to or from any event. I am responsible for arranging transportation to and from all Shine activities.

Initials: _____

ASSUMPTION OF RISK

I understand that participation in Shine activities is voluntary and may include discussions, recreational activities, arts and crafts, games, service projects, educational programs, community events, and similar activities.

I acknowledge that participation involves ordinary risks associated with community youth programs.

To the fullest extent permitted by law, I release and hold harmless Shine, its Board of Directors, volunteers, event hosts, sponsors, and community partners from claims arising from ordinary risks associated with participation, except where caused by gross negligence or intentional misconduct.

Participation is voluntary, and the participant may stop participating at any time.

Initials: _____

PARTICIPANT EXPECTATIONS

Shine is committed to creating supportive and inclusive spaces where every participant is treated with dignity and respect. Participants are expected to:

- Treat others with kindness and respect.
- Help create an inclusive environment.
- Follow reasonable directions from Shine volunteers and event hosts.
- Refrain from bullying, harassment, discrimination, violence, or behavior that threatens the safety or well-being of others or significantly disrupts an event.

Shine reserves the right to ask a participant to leave an event if their behavior creates a safety concern or significantly disrupts the experience for others.

Initials: _____

PHOTO & VIDEO PERMISSION

Shine occasionally photographs or records events to celebrate participants, share our impact, educate the community, and support fundraising.

Please choose one:

- ☐ YES - I give Shine permission to use photographs with faces blocked and/or video of the participant in Shine publications, social media, website, newsletters, annual reports, grant applications, presentations, and other nonprofit communications.
- ☐ NO - I do not give permission for photographs or videos of the participant to be used.

STAY CONNECTED (OPTIONAL)

- ☐ I would like to receive updates from Shine about future events and opportunities.

Preferred Email: _____ Preferred Mobile Number: _____

CONSENT

PARTICIPANTS UNDER AGE 18

I certify that I am the parent or legal guardian of the participant listed above. I have read and understand this form and give permission for the participant to participate in Shine activities as indicated above.

Parent/Guardian Printed Name: _____

Signature: _____ Date: _____

PARTICIPANTS AGE 18 OR OLDER

I certify that I am 18 years of age or older. I have read and understand this form and voluntarily agree to participate in Shine activities under the terms described above.

Participant Printed Name: _____

Signature: _____ Date: _____

Questions? www.shinecville.com | Please contact us through the Contact page on our website if you have any questions about this form or Shine's programs.