Lemonade Day!™

COASTAL BEND

Mentor Information - For email and notification tracking purposes only

Parent/Mentor Information

First Name

Last Name

Email

Zip

Phone

☐ I DO NOT wish to receive emails for Lemonade Day

Participant Information - Please fill in all information for each participant you register

Child 1

First Name

Last Name

Gender
- ☐ M
- ☐ F

Grade
- ☐ Pre-K
- ☐ K
- ☐ 1st
- ☐ 2nd
- ☐ 3rd
- ☐ 4th
- ☐ 5th
- ☐ 6th
- ☐ 7th
- ☐ 8th
- ☐ High School

Ethnicity
- ☐ African American
- ☐ Asian
- ☐ Other
- ☐ Caucasian
- ☐ Hispanic
- ☐ Alaska Native

Participant Information - Please fill in all information for each participant you register

Child 2

First Name

Last Name

Gender
- ☐ M
- ☐ F

Grade
- ☐ Pre-K
- ☐ K
- ☐ 1st
- ☐ 2nd
- ☐ 3rd
- ☐ 4th
- ☐ 5th
- ☐ 6th
- ☐ 7th
- ☐ 8th
- ☐ High School

Ethnicity
- ☐ African American
- ☐ Asian
- ☐ Other
- ☐ Caucasian
- ☐ Hispanic
- ☐ Alaska Native

Participant Information - Please fill in all information for each participant you register

Child 3

First Name

Last Name

Gender
- ☐ M
- ☐ F

Grade
- ☐ Pre-K
- ☐ K
- ☐ 1st
- ☐ 2nd
- ☐ 3rd
- ☐ 4th
- ☐ 5th
- ☐ 6th
- ☐ 7th
- ☐ 8th
- ☐ High School

Ethnicity
- ☐ African American
- ☐ Asian
- ☐ Other
- ☐ Caucasian
- ☐ Hispanic
- ☐ Alaska Native

As the parent or guardian of the child/ren named above, I consent to my child/ren's participation in Lemonade Day. I understand that Lemonade Day is a family event, and I agree that I (or another responsible adult who I approve) will assist and supervise my child/ren. I understand that the organizers of Lemonade Day are not and will not be responsible for supervising my child/ren.
I also understand that certain municipalities may have certain health and safety requirements so that my child/ren can participate in Lemonade Day. I agree to comply with these requirements. (Go to www.LemonadeDay.org and check your city's website for local requirements.) I also understand that certain municipalities must be provided the name of the person who will supervise my child/ren and the exact location of my child/ren's lemonade stand ahead of time.

I agree to release, indemnify, defend and hold harmless the organizers of Lemonade Day and anyone associated with it or Lemonade Day from any and all claims for personal injuries or property damage resulting from my child/ren's participation in Lemonade Day, even if such injury is caused by the negligence of them.

I hereby grant Lemonade Day, a project of Prepared 4 Life, permission to make still photographs, video tapes, audio recordings and/or use of verbal quotes from me. I also give Lemonade Day permission to use these completed audiovisual and print products for Lemonade Day promotional purposes without compensation or remuneration to me in any manner; in like and related regard, Lemonade Day will not charge or assess me any fees or service charges for my voluntary participation in this audiovisual product production.

Further, I relinquish and give to Lemonade Day rights, title and interest, if any, I may have in the completed still photographs, video tapes or audio recordings, negative, prints, reproductions and copies of the masters, negatives, recordings, duplicates, prints and verbal quotes for print.

Adult's Signature

Date ☐☐ / ☐☐ / ☐☐