

MOWW® | YLC-YES STUDENT INFORMATION RELEASE

Youth Leadership Conference (YLC) / Youth Education Seminar (YES)

EVENT NAME & LOCATION: Thousand Oaks Youth Leadership Conference (TOYLC) **DATES:** June 15 through June 19, 2026
(California Lutheran University, 60 West Olsen Road, Thousand Oaks, CA 91360)

PARENTAL RELEASE OF AUDIO, VISUAL & WRITTEN MATERIAL INVOLVING A MINOR (please print clearly)

The undersigned, being the natural parent/designated legal guardian of:

- Student Name: _____
Student Name: First, Middle Initial, Last, Suffix Date of Birth

authorize his/her attendance at the above-named South Coast Youth Leadership Conference (SCYLC) and Military Order of the World Wars (MOWW) Patriotic Education youth event.

Documentary photography and audio/video recordings may be taken of the students and staff in casual, classroom, dining, and other YLC activity. Additionally, group and/or individual photos may also be taken. Any or all of these photos and audio/video recordings may be published and used by SCYLC/MOWW in the YLC's or national SCYLC/MOWW web sites or the MOWW magazine The Officer Review® or in other SCYLC/MOWW patriotic education event promotional materials. SCYLC, Inc. and MOWW, Inc., retain the copyright for all such photos and unconditional release is granted to SCYLC/MOWW.

During many MOWW events, students write essays, thank you notes, and testimonials and, if a YLC, three students will be selected for higher Regional or National honors and participation in MOWW's annual Phoenician Essay contest for a scholarship stipend requiring another essay and a photo of the student. The writings during the event and for the Phoenician Essay contest and associated photo will also be released without conditions to the MOWW.

The undersigned student or parent/legal guardian of the above-named minor, do hereby agree with the use and ownership of the materials as stated above for the South Coast Youth Leadership Conference and the Military Order of the World Wars.

Student Name: _____
First, Middle Initial, Last, Suffix Parent/Legal Guardian Relationship To Student

Parent/Legal Guardian Name: _____
First, Middle Initial, Last, Suffix Parent/Legal Guardian Signature Date: Month /Day / Year

MOWW® YLC-YLC PARENT/GUARDIAN CONSENT AND CERTIFICATION

1. Parent/Legal Guardian Name: _____
First, Middle Initial, Last, Suffix Relationship to Student

Address: _____
Number, Street, City, State, ZIP Code

Email of Parent/Guardian (**Not Student Email**) Home Phone Cell Phone

2. I/we, the undersigned being the natural parent(s) or the designated legal guardian(s) of the applying student authorize his/her attendance at the *2026 Thousand Oaks Youth Leadership Conference (TOYLC)* held from June 15th through June 19th at California Lutheran University, 60 West Olsen Road, Thousand Oaks, CA 91360.
3. I/we certify the general well-being of the student to fully participate in the event (Note: Accompanying MOWW Form 11a, "Authorization for Medical Treatment," that is with this application must be completed).
- a. The student named above neither has a medical condition severe enough to require special accommodations and/or assistance (e.g., the student does not require certified professional help or private lodging) nor is the student likely to diminish the learning/development experience for other participants.
 - b. The student named above is capable of light physical activity (e.g., continuously walking for 30 minutes) to ensure participation in tours and other event activities.
 - c. The student's is current on his/her immunizations and vaccinations.
 - d. Student has no allergies or required medications except as noted in the completed MOWW Form 11a, "Authorization for Medical Treatment."
4. Parent/guardian responsibilities relative to the organization sponsoring the above-named student.
- a. The sponsoring organization for the participating student will provide the student's tuition and room and board. Transportation to and from the event is the responsibility of the parent or legal guardian but there is likely to be support from the sponsoring organization. Transportation of the participating student by the sponsoring organization to required off-campus venues during the conference is authorized. The sponsoring organization and/or event director may be contacted for additional details.
 - b. Except for a case of substantiated gross negligence or worse, the I/we hereby release and contract to hold harmless SCYLC, TOYLC (event), the *Military Order of the World Wars (MOWW)*, and its organizers from any and all liability and/or responsibility for the child's welfare, well-being, and control for the period of the conference including the day of departure until the day of return if a sponsor provides the child's transportation.
 - c. By my/our signature(s) hereto, I/we fully understand that we waive any and all rights whatsoever and agree not to exercise any right to make claim or to litigate against the organization listed above, in the name of the SCYLC.
5. Parental release of audio, visual & written material.
- a. Documentary photography and audio/video recordings will be taken of the students and staff in casual, classroom, dining, and other event activity (e.g., museum, courtroom). No photography or recordings will be taken in lodging areas or restrooms. Additionally, group and/or individual photos will be taken.
 - b. Any of these photos and audio/video recordings may be published and/or used by SCYLC, MOWW on a MOWW web site, in the MOWW magazine *The Officer Review*®, or in SCYLC/TOYLC/MOWW promotional materials. The photographer may retain copyright of all such photos though unconditional release is granted to SCYLC and MOWW."
 - c. The student's name may be used when writing about the photos or recordings: (Please Circle) Yes No
 - d. I/we, the undersigned parent(s)/guardian(s) of the above named student do hereby agree with the use and ownership of the materials as stated above.

I/we certify the information in Part B of this form is true and correct to the best of my/our knowledge.

Parent/Legal Guardian Signature: _____ Date: Month / Day / Year

MOWW® | YLC & YES STUDENT MEDICAL TREATMENT

Youth Leadership Conference (YLC) / Youth Education Seminar (YES)

EVENT NAME & LOCATION: Thousand Oaks Youth Leadership Conference (TOYLC) **DATES:** June 15 through June 19, 2026
(California Lutheran University, 60 West Olsen Road, Thousand Oaks, CA 91360)

Note: The information contained on these forms will be handled with extreme care and will only be used by the event director, medical officer, designated event staff, or authorized medical personnel. Application material will be destroyed 2 years after the event.

PART A. AUTHORIZATION CONSENTING TO THE TREATMENT OF A MINOR AND COVID-19 RELEASE (Please Print Clearly)

I (we) the undersigned parent/legal guardian of the named student minor below do hereby authorize South Coast Youth Leadership Conference, Inc. (SCYLC) and the Military Order of the World Wars, Inc. (MOWW), the TOYLC's Director and their designated staff member(s) as agent(s) for the undersigned to consent to any X-Ray, examination, anesthesia, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by any physician licensed to practice in the event location/state. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent to provide care, which the aforementioned physician, in the exercise of his/her best judgment deemed advisable. This authorization will be in effect for the duration of the cited event. **I (we) further understand that the TOYLC staff is not authorized to administer medications.**

Except for a case of substantiated gross negligence or worse, the undersigned hereby releases and contracts to hold harmless SCYLC, the TOYLC's Director and staff, and MOWW from any and all liability and/or responsibility for the child's welfare, well-being and control for the period of the conference including the day of departure and the day of return if the chapter provides transportation until the day of return.

I (we) further acknowledge that an inherent risk of exposure to COVID-19 exists in any public place where people are present. I (we) voluntarily assume all risks related to exposure to COVID-19 and agree not to hold SCYLC, TOYLC, the Military Order of the World Wars, or any of the releasees liable for any related COVID-19 illness or injury.

Student Name: _____
First, Middle Initial, Last, Suffix Parent/Legal Guardian Relationship To Student

PART B. PHYSICIAN, INSURANCE & ALTERNATE CONTACT (Please Print Clearly)

Family Physician: _____; Phone: _____
First, Middle Initial, Last, Suffix Office Number

• Address: _____
Address: Number, Street, City, State, ZIP Code

• _____
Email Address On-Call Phone Cell Phone

Health Insurance Company: _____; Policy #: _____
Company Name

• Address: _____
Address: Number, Street, City, State, ZIP Code

• _____
Email Address Main Phone Cell Phone

PART C. STUDENT'S MEDICAL HISTORY (please print clearly)

1. Does student have any of the following conditions? (Indicate "Yes" or "No" at each underscore)

Asthma: _____ Convulsions: _____; Heart Trouble: _____;

Diabetes: _____ Bleeding Disorders: _____; Other: _____

If "Yes" to any condition listed above, please explain:

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2. Does student have any of the following allergies (Indicate "Yes" or "No" at each underscore)

Allergy to any plant, food, or animal: _____ Allergy to any drug or insect toxin: _____

Allergies to bug spray or sunburn lotion: _____ Regular medication or diet or special care: _____

If "Yes" to any above, please explain:

3. Has the student had significant surgery, injury, or illness within the last six months?

• Yes _____ No _____ (Select One). If "Yes," please explain:

4. Has it ever been necessary to restrict student's physical activities for medical reasons

• Yes _____ No _____ (Select One). If "Yes," please explain:

5. Are you aware of any other current health problems?

• Yes _____ No _____ (Select One). If "Yes," please explain:

6. Is the student currently under medical care or regularly taking medications?

• Yes _____ No _____ (Select One). If "Yes," please explain:

*** PLEASE NOTE THAT THE TOYLC STAFF IS NOT AUTHORIZED TO ADMINISTER MEDICATIONS TO THE STUDENTS ***

PART D. EMERGENCY CONTACT INFORMATION (Please Print Clearly)

Name of Contact: _____; Relationship To Student: _____

• Address: _____

• _____
Email Address Home Phone Cell Phone

The undersigned certifies the information above is true and correct to the best of the undersigned's knowledge:

Parent/Legal Guardian Name: _____
First, Middle Initial, Last, Suffix Parent/Legal Guardian Signature Date: Day-Month-Year