
Additional Requirements

Please attach the paper copies of the following required documents to the back of your application:

- Have **parents or parental guardians fill out and sign the liability and media release** attachments.
- A current photo of yourself (for identification purposes only) **** Note: Please no selfies.** This should be a head-shot from the shoulders up, on a solid-colored background. Hair should not obstruct view of face. Soft smile as to not obstruct features of the face.

Certification Statements

I certify that the information on this application and any additional material submitted is true and complete to the best of my knowledge. I have reviewed my personal schedule and have ensured that I will be available and have transportation to attend ALL meetings for the program.

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

I do hereby give my consent for my child to participate in the Congressional Youth Advisory Academy and understand the time commitment involved for this program.

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

Cellphone: _____

Emergency Contact

Name: _____

Relationship: _____

Contact: _____



Liability Release Form

To: Congressman Bacon's Office

Event or activity: Congressional Youth Advisory Academy

Participants Name: _____

I understand that participation in the above event or activity could include actions or tasks which might be hazardous to the participant above.

By signing below, I assume any risk of harm or injury which might occur to the participant due to his/her/my participation in the event or activity. I release the organization or business named above from all liability, costs, and/or damages which might arise in or due to participation in the above-named event or activity.

If the participant is a minor (under the age of 19), I agree that the minor has my consent to participate in the event. I further provide my consent for the organization or business named above to see emergency treatment for the minor if necessary. I agree to accept financial responsibility for the cost related to emergency medical treatment.

Sign here if you are an eligible adult participant:

Signature of Participant: _____ Date: _____

Sign here if participant is a minor:

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____



Media Release Form

To: Congressman Bacon's Office

Event or activity: Congressional Youth Advisory Academy

Participants Name: _____

I hereby authorize the above party to use the participant above photo and/or information related to the participant above related experience with issues worked with throughout the duration of the above listed event or activity. I understand this information may be used in publications, including electronic publications, audio visual presentations, promotional literature, advertising, community presentations, social media, letters to other legislators and media and/or other similar ways. The Party listed above is not responsible for any public comments that occur as result of my consent.

My consent is freely given as a public service to the party listed above, I have done this without expecting payment. I release the party listed above and their respected employees from any and all liability which may arise from the use of photographs that may be used in news media stories, promotional materials, written articles, social media, press release, video tape, and/or photographs.

Please print parent information here:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Signature of Participant: _____ Date: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____