



Geek Squad Academy Permission and Release Form
Liverpool Middle School, 720 7th Street, Liverpool, NY 13088
July 18 & 19, 9:00AM – 3:00PM
Organized by Liverpool Central School District and the Liverpool Public Library

TWO (2) STEP REGISTRATION

- 1) Register online at LPL.org
- 2) Complete this form and return to:

Liverpool Public Library, 310 Tulip Street, Liverpool, NY 13088 Attn: Deanna McGregor

Student Name: _____ Date of Birth: _____

Name of Parent or Guardian: _____

Contact Number(s) for Parent or Guardian during camp hours: _____

Alternative Emergency contact name & Phone number: _____

Child Health Information:

Allergies to foods, medications, etc.. (If none, so state; if yes, specify): _____

Special medical problems (If none, so state; if yes, specify): _____

Is the student now under medical care? YES _____ NO _____

If yes, describe nature of illness and treatment: _____

Does this child carry medication on person? YES _____ NO _____

If yes, list and state purpose _____

Family physician/clinic name and phone number: _____

Insurance Provider: _____ Policy # _____

As the undersigned, I agree as follows:

- I am either (i) the legal parent or guardian of the Student referenced above, and have the right to contract in my own name on the Student's behalf without obtaining the consent or approval of any other party, or (ii) the Student referenced above, and have the right to contract in my own name.
- I give my permission for the Student to participate in the Geek Squad Academy held at the location and the dates indicated above, including accessing the internet and web sites on the internet during the event.
- I acknowledge that Geek Squad will not provide the Student with transportation to or from Geek Squad Academy and that I am solely responsible for providing transportation for the Student, unless provided by the Organization.
- I acknowledge that neither Geek Squad nor the Organization is responsible for administering any medical care to the Student.
- I give Geek Squad and Organization permission to record photographic, video, and/or audio media of the Student during the Student's participation in the Geek Squad Academy, and to collect survey responses, notes, or other data about the Student's participation in Geek Squad Academy.
- I unconditionally grant to Geek Squad and Organization, and their present and future parent company(ies) and affiliates, representatives, and licensees, the right and permission to use the name and likeness of the Student, as well as any survey feedback, ideas, opinions, data, written notes and/ or impressions provided by the Student during the Geek Squad Academy, for purposes of promoting or improving the Geek Squad Academy, as further outlined in the image and sound release below.

IMAGE & SOUND RELEASE

For good and valuable consideration, the sufficiency of which is acknowledged and agreed, I agree as follows:

I hereby grant Best Buy Co., Inc., subsidiaries, affiliates, assignees, and licensees (“**Best Buy**”) and those Best Buy authorizes, the absolute right and permission to take, use, and publish photographs, video/film footage, voice sound and any other form of audio-visual recording, without restriction as to changes or alterations (“**Images and Sounds**”) of me and/or my minor child, and to use my (or my minor child’s) first name or a fictitious name in connection with the Images and Sounds.

I agree that the Images and Sounds may be used by Best Buy throughout the world and in perpetuity in connection with advertising and promotion of Best Buy’s programs and services in any media now or hereafter known including, without limitation, printed publications, audio-visual media and Internet media.

I agree that Best Buy does not have to submit the Images and Sounds to me for inspection or approval, and that I have no ownership interest in the Images and Sounds, or in any of the materials produced therefrom.

I hereby release Best Buy, its officers, employees, and agents from any and all claims and demands in connection with the use of the Images and Sounds including, without limitation, any and all claims for libel, invasion of privacy or an expectation of confidentiality.

For persons younger than 21 years of age, the parent or legal guardian must complete the following:

I represent and warrant that I am the parent or legal guardian (circle one) of the minor model named above, I have the right to contract on the minor’s behalf, without obtaining the consent or approval of any other party; I have read this Release and understand it. I release Best Buy and Geek Squad Academy Organizer of any liability arising out of the exercise of the rights granted by the above Release.

Parent or Guardian’s Printed name: _____ Date: _____

Signature: _____ Address: _____

Witness: _____

Please return this signed form to one of the addresses below by JUNE 22nd, or your child’s GSA spot will be given to the wait list:

Return to:
Liverpool Public Library, 310 Tulip Street, Liverpool, NY 13088
Attn: Deanna McGregor