





Go for gold! Get ready for the 2024 Key Club International Convention in Atlanta, Georgia, U.S., July 10-14. Make connections with Key Club members from around the world — while taking your service to new levels of impact. You'll also get important updates on exciting projects and opportunities from Key Club partners, and much more!

When you arrive in Atlanta, you'll want to hit the ground running — so be sure to complete all the required forms for attendance and review the registration materials well before you pack your bags.

All attendees must bring printed copies of the required forms. Review and sign the Code of Conduct. Ask your parent or guardian to complete the medical authorization form and the event publicity waiver and release form. These forms must be completed and turned in to your chaperone in a timely fashion.

Chaperones: You will be responsible for collecting all materials. Printed copies of your students' forms should be turned in at the registration desk on the hotel's second floor from noon to 4 p.m. ET on Wednesday, July 10. You should keep a copy of the medical form for each student in your group.

Please note: All attendees, chaperones and members — including adults — must submit the required Code of Conduct, medical authorization and publicity waiver forms.

#### Get convention updates at keyclub.org/convention.







### Schedule\*

#### WEDNESDAY, JULY 10

General attendees wear spirit attire during the day.

Noon-4 p.m.	Badge and delegate registration
7-8:30 p.m.	Opening Session Keynote by Evan Austin, Paralympian
8:30-11 p.m.	Opening Reception and pin-trading
8:30-11 p.m.	Talent auditions

#### THURSDAY, JULY 11

General attendees wear business casual during the day, with an option to wear Key Club spirit attire after caucusing.

7:30-9 a.m.	Breakfast (provided)
8-9 a.m.	Delegate orientation
9-10:15 a.m.	Candidate Meet and Greet
10:30 a.mNoon	Caucusing
Noon-2 p.m.	Lunch on your own
2:30-4 p.m.	Service project guest speaker and worktime
4-6 p.m.	Caucusing
6-8 p.m.	Dinner on your own
8-9 p.m.	Caucusing
8-10 p.m.	Scrapbook judging
9:30-10:30 p.m.	Key Club fellowship

#### FRIDAY, JULY 12

General attendees wear business casual during the day and business professional or cultural heritage attire for the recognition session.

7:30-9 a.m.	Breakfast (provided)
7:30-8:30 a.m.	I-Council Breakfast for governors, administrators and board only
8:30-9:30 a.m.	Nominating Conference for governors and board
9:30 a.m3:45 p.m.	Global Leadership Certificate Master Class (by application only)
9:30-11:15 a.m.	Workshops
11:30 a.m1:30 p.m.	Litwack Legacy of Leadership Lunch
2-3:45 p.m.	Workshops
4-6:30 p.m.	Dinner on your own
7-9:30 p.m.	Recognition Session (Cultural heritage attire or business professional)
9:30-10:30 p.m.	Reception and concert with Key Club International Past President and recording artist W.B. Sims

#### **SATURDAY, JULY 13**

General attendees wear business professional clothes during the day with an option to wear a semiformal outfit for the dance.

7:30-9 a.m.	Breakfast (provided)
7:30-8:30 a.m.	Advisor Breakfast
9-11:45 a.m.	Workshops Global Leadership Certificate Master Class (by application only)
Noon-2 p.m.	Lunch on your own
2-6:30 p.m.	House of Delegates
6:30-8 p.m.	Dinner on your own
8-9:30 p.m.	Closing Session Key of Honor Keynote by Rania Zuri, founder and CEO of The LiTEArary Society
9:30-11 p.m.	Dance

\* Schedule is subject to change.

#### DOWNLOAD THE KEY CLUB CONVENTION APP!

If you are registered for convention, you'll have access to our new convention app. It's a great way to help you make the most of your convention experience! Stay up to date about possible schedule changes, take part in daily poll questions, get information about candidates, find venue maps and download resources such as social media frames!

Scan this QR code on your phone or go to <u>my.yapp.us/KEYCLUB24</u> to download the app. Use the email that was used to register for the convention to sign up for the app.





### **Confirmation packet**

#### KEY CLUB INTERNATIONAL WOULD LIKE TO THANK OUR OFFICIAL PARTNERS:









# Key Club convention service project

Convention attendees can participate in a service project that will assist local citizens in need, all while repurposing plastic bags that would otherwise contribute to landfills. We have joined forces with Hope thru Soap to gain insight into the impact of homelessness and understand how the organization supports unhoused individuals. All convention attendees are strongly encouraged to **bring at least 10 clean plastic grocery bags**. Join us in creating plastic yarn and weaving sleeping mats. These mats will serve as a waterproof barrier for individuals sleeping on the ground.

### **Dress code**

The Key Club International dress code will be in effect during all official meetings of the convention as noted in the convention program. All participants are expected to abide by the dress requirements.

#### BUSINESS PROFESSIONAL/CULTURAL HERITAGE/ SEMIFORMAL

Dress shirt, slacks, necktie, sport or suit coat, dress or skirt with appropriate shoes.

**BUSINESS CASUAL** Slacks, skirt, collared shirt, blouse and appropriate shoes.

#### KEY CLUB SPIRIT WEAR

Shorts, jeans, T-shirt, sweatshirt and casual footwear.

#### RESTRICTIONS

At no time will clothing with inappropriate language or graphics be allowed. Any shirts, shorts or skirts deemed to be of inappropriate length will not be allowed. Remember to wear your name badge for all convention events.



### What to pack

#### The total number of outfits does not include attire needed if traveling with a district tour.

Four Key Club spirit wear/casual outfits.
Three business casual outfits.
Two business professional/cultural heritage outfits.
One semiformal outfit.

In addition to clothing and the items your group requires, be sure to bring:

Signed medical authorization form, Code of Conduct agreement and event publicity waiver form.
Wi-Fi capable device plus charger for voting.
10 clean, lightly used plastic bags for the service project.
Undergarments.
Pajamas.
Toiletries.
Headphones/earbuds.
Appropriate shoes.
Medications.
Costume, music or props for the talent show (if applicable).



### Amendments

Does your Key Club or district want to propose an amendment to the Key Club International Bylaws? To be considered, amendments must be submitted by May 29 through this <u>submission form</u>. Proposed amendments to the Key Club International Bylaws may be submitted by Key Clubs, Key Club districts, the Key Club International Board or the Key Club International director. Check <u>keyclub.org/convention</u> for details.

Are you an uncompensated delegate to the 2024 Key Club International Convention? A portion of your expenses might be tax-deductible. A U.S. tax deduction form also is included in this packet. You'll want to save it for your family's 2024 tax return.

## **Delegate information**

Each Key Club can select two delegates and two alternates to represent the club at the House of Delegates at the 2024 Key Club International Convention. Delegates will elect the 2024-25 leaders of Key Club International and vote on any proposed amendments to the bylaws.

Delegates must be certified at the time of registration.

### **Important forms**

#### MEDICAL FORM AND CODE OF CONDUCT

To protect you in case of an emergency, Key Club International requires a medical authorization form for each attendee. The form, which is included, should be completed by your parent/guardian and signed by your parent/guardian and you. Turn in this and any other forms to the registration desk.

Attendees under the age of 21 will not be permitted to attend any part of the convention without submitting the completed and signed medical release form.

By signing the medical form, you also are agreeing to abide by the attached Code of Conduct at all Key Club events. The Code of Conduct can also be found at <u>keyclub.org/convention</u>.

#### PUBLICITY WAIVER

Be sure to review the event publicity waiver and release form. You and your parent/guardian must sign this form before you can participate in convention activities.

### **Travel information**

#### **TRAVEL BY AIR**

Hartsfield-Jackson Atlanta International Airport (ATL)

#### **CONVENTION HOTEL**

All Key Club International convention attendees must stay at the convention hotel:

Hilton Atlanta 255 Courtland St. NE Atlanta, Georgia 30303

Find more information online at: <u>keyclub.org/convention</u>

## REMEMBER TO LOOK FOR THESE ATTACHED DOCUMENTS AND:

- Review and sign the Code of Conduct.
- Complete the medical authorization form.
- Complete the event publicity waiver and release form.

Complete forms should be turned in at the registration desk from noon-4 p.m. Wednesday.

# U.S. tax deduction for delegates

Key Club delegate,

As an uncompensated delegate to the Key Club International convention, a portion of your expenses may be tax-deductible if:

- You are a duly-chosen Key Club representative (rather than simply a member of the organization); and
- You perform Key Club duties while attending this convention.

If you meet both requirements above, you might be able to deduct from your taxes reasonable travel, hotel and meal expenses, and registration fees as a charitable contribution to Key Club. If you attended as part of a district tour, please contact your district tour leader for a breakdown of deductible fees.

Please consult with your tax adviser to determine how much can be deducted on your family's tax return. Personal expenses for sightseeing, district tours and meals not connected with the convention are not tax-deductible. Expenses for your parent(s) to travel with you also are not tax-deductible.

Please fill out the information below and share a copy with your parent, guardian or tax adviser:

Name	
Cut	
Club	 
District	 

This letter certifies that you are a registered delegate at the 2024 Key Club International Convention in Atlanta, Georgia, U.S. Key Club International is a 501(c)(3) organization.

Key Club International 3636 Woodview Trace Indianapolis, IN 46268 EIN # 36-6072042



### KEY CLUB

### **Certificate of election**

Each Key Club can select two delegates and two alternates to represent the club at the House of Delegates at the 2024 Key Club International Convention. Delegates will elect the 2024-25 leaders of Key Club International and vote on any proposed amendments to the bylaws.

This certificate of election must be completed and presented to the credentials desk at the convention when registering. This certifies that the persons named have been selected as delegates by the club. At the convention, each delegate will be issued a wristband at the credentials desk, allowing entry into the House of Delegates.

#### **PLEASE PRINT:**

THIS IS TO CERTIFY that the following members of the KEY CLUB of			
from	(city),		_(state/province),
are the duly elected delegates and alternates of this c	club to the 2024 I	Key Club International Convention.	

Delegates	Alternates
1	1
2	2
*Club president (sign)	Date
*Club secretary (sign)	Date

Note: Each chartered club in good standing is entitled to two delegates to the convention. Alternates should be chosen for each delegate. Each delegate shall be entitled to cast one vote. The alternate may cast the vote if the elected delegate is not in attendance at the convention. There shall be no voting by proxy. No club delinquent in the payment of international or district dues shall be considered to be in good standing. Please bring this certificate with you to convention!

\*If you're unable to get the signatures of your club officers, your district administrators may sign for you.



keyclub.org

### **Code of Conduct**

Key Club members, adult advisors and invited guests are expected to demonstrate behavior consistent with the high ideals of Key Club and should abide by the provisions of this code while in attendance at any Key Club International event. Every member will respect the authority of the Sergeant-at-Arms Committee, Key Club administrators and designated staff.

#### **RESPONSIBLE BEHAVIOR**

- 1. Abide by all government laws and regulations.
- 2. Respect the personal property of others as well as the property of any meeting or lodging facility. The placing of signs or messages on the windows of the hotel rooms is prohibited. No material may be affixed to any hotel walls. Any damage caused by a member must be paid for by that member.
- 3. Do not possess or consume any alcoholic beverages.
- 4. Do not possess or use any drugs or other controlled substance, with the exception of medication prescribed for the attendee.
- 5. Do not possess or use tobacco products.
- 6. Key Club members are expected to abstain from any activity of a sexual nature.
- 7. Do not tolerate hazing or any action that creates unnecessary physical or mental discomfort, embarrassment, harassment or ridicule of others.
- 8. Do not possess weapons, firecrackers or anything of a dangerous nature or act in any way unbecoming of an attendee.

#### LODGING

- 1. Key Club members staying in the official hotel must sleep in their assigned rooms.
- 2. Key Club members should not be in hotel rooms other than their own assigned room.
- 3. Key Club members may be present together in hospitality suites when an adult chaperone is present.
- 4. Hotel quiet hours start at 10 p.m. All Key Club members are expected to abide by a curfew beginning at 11 p.m. and lasting until 5 a.m. No Key Club member shall be allowed on balconies after curfew.
- 5. Items within this section may be modified by the Key Club International Board with approval of the international administrator.

#### DRESS CODE

- 1. All participants are expected to abide by the designated dress code for each session.
- 2. "Professional" refers to dress shirt, slacks, necktie, sport or suit coat, dress, skirt, blouse and appropriate shoes.
- 3. "Business Casual" refers to slacks, collared shirt, skirt, blouse or collared shirt and appropriate shoes.
- 4. "Casual or spirit wear" refers to shorts or jeans, collared shirts, sweatshirts, appropriate T-shirts, skirt or jeans and casual footwear.
- 5. At no time will any clothing with inappropriate language or graphics be allowed. Any shirts, shorts or skirts deemed to be of inappropriate length will not be allowed.
- 6. All participants are required to wear name badges for all convention events.

#### ENFORCEMENT

- 1. Violations of this code will result in notification to the respective district administrator and event chaperone, and may include dismissal at the attendee's expense.
- 2. Violations involving destruction of property, possession, consumption or use of alcoholic beverages or controlled substances will result in dismissal of the attendee from the event.
- 3. Notification, in writing, will be made by the Key Club international administrator or their representative to the school, Kiwanis sponsor and parents of any member disciplined under this section.
- 4. These rules are effective as of the time you arrive at this event, until the time you depart.

An adult chaperone for Key Club shall be a Kiwanis member, faculty member, parent, legal guardian or person who is: *in loco parentis*; over the age of twenty-one (21); approved by the school; and registered with and accompanying the Key Club members at the convention. The adult chaperone shall be responsible for the Key Club members assigned to them. The adult chaperone needs to review and abide by Kiwanis Youth Protection policies, obtain a Kiwanis background check and complete youth protection chaperone courses prior to attending the convention. For more youth protection information, visit <u>kiwanis.org/youthprotection</u> or email <u>youthprotection@kiwanis.org</u>. Ultimately, each Key Club district administrator shall have authority for all persons in attendance from their respective district.

Attendee	KEY CLUB
I have read and understand the Code of Conduct, and I understand tha	at a violation of those rules may result in dismissal from the event.

Date \_

### **Authorization form**

#### AUTHORIZATION TO ATTEND THE 2024 KEY CLUB INTERNATIONAL CONVENTION AND EMERGENCY MEDICAL TREATMENT

**Please type or print all information.** This form is required for all Key Club members attending designated Key Club International events or activities. The parent, legal guardian or person *in loco parentis* for the member must complete this form.

Member       Chaperone name and cell phone number         Mailing address				
Mailing address		Chaperone name and cell phone number		
City       State/province       Zip/postal code       Nation         Key Club				
City       State/province       Zip/postal code       Nation         Key Club	-			
Key Club	City State/province Zip/postal code Nation			
tender       Student cell phone	Key Club Key Club district	International convention must have a background check that is		
Birth date       Month       Day       Year       procedures can be found online at kiwanis.org/youthprotection.         Emergency information       In case of emergency. please contact       Relationship to member         Phone	Gender Student cell phone ()			
In case of emergency, please contact	Birth date Month Day Year			
Phone (		Relationship to member		
Alternate contact		·		
Phone				
Medical information         Health insurance company       Policy number         Group name on insurance coverage		-		
Health insurance company       Policy number         Group name on insurance coverage	Phone ( Cell phone ()			
Telephone number or other contact information shown on insurance card         Will your Key Club member be taking any prescription medication or over-the-counter drugs of any type?         If yes, please explain         Have they ever been or currently being treated for (fill in Yes or No)?         Nervousness?       Yes No       Asthma?       Yes No       O         Confusion or epilepsy?       Yes No       Cancer or tumors?       Yes No       Diabetes?       Yes No       O         Heart condition?       Yes No       Headaches?       Yes No       Allergies to medication?       Yes No       O         High blood pressure?       Yes No       Fainting spells?       Yes No       Allergies to medication?       Yes No       Yes No         List any allergies or other medical conditions of which we need to be aware       Ima the parent or legal guardian for the above-named Key Club International identified above ("Event"). I hereby certify that the information provided above is correct.       Ima the parent or legal guardian for the above-named Key Club International identified above ("Event"). I hereby certify that the information provide above is correct.       Ima the parent or legal guardian for the above-named Key Club International identified above ("Event"). I hereby certify that the information provide above is correct.       Ima the parent or legal guardian for the above-named Key Club International identified above ("Event"). I hereby certify that the information provide above-named Key Club member. In the event those persons cannot be reached, o		Policy number		
Telephone number or other contact information shown on insurance card         Will your Key Club member be taking any prescription medication or over-the-counter drugs of any type?         If yes, please explain         Have they ever been or currently being treated for (fill in Yes or No)?         Nervousness?       Yes No       Asthma?       Yes No       O         Confusion or epilepsy?       Yes No       Cancer or tumors?       Yes No       Diabetes?       Yes No       O         Heart condition?       Yes No       Headaches?       Yes No       Allergies to medication?       Yes No       O         High blood pressure?       Yes No       Fainting spells?       Yes No       Allergies to medication?       Yes No       Yes No         List any allergies or other medical conditions of which we need to be aware       Imate parent or legal guardian for the above-named Key Club International identified above ("Event"). I hereby certify that the information provided above is correct.       Imate parent or legal guardian for the above-named Key Club International identified above ("Event"). I hereby certify that the information provide above-named Key Club member and give my permission for them to attend the convention, rowide above-named Key Club member. In the event those persons cannot be reached, or time does not permit, I hereby give permission for proper treatment of the above-named Key Club member. In the event those persons cannot be reached, or time does not permit, I hereby give permission to a licensed physician or other licensed medical provider porper treatment	Group name on insurance coverage			
If yes, please explain				
Have they ever been or currently being treated for (fill in Yes or No)?         Nervousness?       Yes No       Asthma?       Yes No       On Status         Confusion or epilepsy?       Yes No       Cancer or tumors?       Yes No       Diabetes?       Yes No       Oiabetes?       Oiabetes?       Yes No<	Will your Key Club member be taking any prescription medication or over-th	ne-counter drugs of any type?		
Nervousness?       Yes No       Rheumatic fever?       Yes No       Asthma?       Yes No       Confusion or epilepsy?       Yes No       Cancer or tumors?       Yes No       Diabetes?       Yes No       Diabetes?       Yes No       Allergies to medication?       Yes No       Headaches?       Yes No       Allergies to medication?       Yes No       Allergies to medication?       Yes No       Headaches?       Yes No       Headaches?       Yes No       Allergies to medication?       Yes No       Yes No       Headaches?       Headaches?       Yes No       Headaches?       Yes No       Headaches?       Yes No       Headaches?       Yes No       Headaches?       Headaches?       Headaches?       Headaches?       Headacheadaches?       Headaches?       Heada	If yes, please explain			
Confusion or epilepsy?       Yes No       Cancer or tumors?       Yes No       Diabetes?       Yes No         Heart condition?       Yes No       Headaches?       Yes No       Allergies to medication?       Yes No         High blood pressure?       Yes No       Fainting spells?       Yes No       Allergies to medication?       Yes No         List any allergies or other medical conditions of which we need to be aware	Have they ever been or currently being treated for (fill in Yes or No)?			
Heart condition?       Yes No       Headaches?       Yes No       Allergies to medication?       Yes No         High blood pressure?       Yes No       Fainting spells?       Yes No       Allergies to medication?       Yes No         List any allergies or other medical conditions of which we need to be aware	Nervousness?	○ Yes No ○ Asthma? ○ Yes No ○		
High blood pressure?       Yes No       Fainting spells?       Yes No       Yes No         List any allergies or other medical conditions of which we need to be aware	Confusion or epilepsy? O Yes No O Cancer or tumors?	◯ Yes No ◯ Diabetes? ◯ Yes No ◯		
List any allergies or other medical conditions of which we need to be aware				
<ul> <li>I am the parent or legal guardian for the above-named Key Club member and give my permission for them to attend the convention, conference and/or other event(s) sponsored by Key Club International identified above ("Event"). I hereby certify that the information provided above is correct.</li> <li>In the case of medical emergency, I understand that every effort will be made to contact the emergency contacts listed above to obtain permission for proper treatment of the above-named Key Club member. In the event those persons cannot be reached, or time does not permit, I hereby give permission to a licensed physician or other licensed medical provider to provide proper treatment, including but not limited to hospitalization, injection, anesthesia and/or surgery, for the above-named Key Club member. On behalf of myself and the above-named Key Club member.</li> <li>I/we hereby <b>RELEASE</b>, <b>WAIVE AND FOREVER DISCHARGE</b> Key Club International and Kiwanis International and their officers, directors, employees, parents and subsidiaries, agents, from any and all claims, liabilities, causes of actions, damages, demands, judgments, executions, liens and costs whatsoever, in law or equity, including, without limitation, liability for death or bodily injuries to any person or damage to any property that I/we have or may have (i) against medical providers of emergency services under this authorization, or (ii) against Key Club International or Kiwanis International for obtaining medical emergency services for the above-named Key Club member pursuant to this authorization.</li> </ul>	High blood pressure? () Yes No () Fainting spells?	✓ Yes No		
conference and/or other event(s) sponsored by Key Club International identified above ("Event"). I hereby certify that the information provided above is correct. In the case of medical emergency, I understand that every effort will be made to contact the emergency contacts listed above to obtain permission for proper treatment of the above-named Key Club member. In the event those persons cannot be reached, or time does not permit, I hereby give permission to a licensed physician or other licensed medical provider to provide proper treatment, including but not limited to hospitalization, injection, anesthesia and/or surgery, for the above-named Key Club member. On behalf of myself and the above-named Key Club member, I/we hereby <b>RELEASE, WAIVE AND FOREVER DISCHARGE</b> Key Club International and Kiwanis International and their officers, directors, employees, parents and subsidiaries, agents, from any and all claims, liabilities, causes of actions, damages, demands, judgments, executions, liens and costs whatsoever, in law or equity, including, without limitation, liability for death or bodily injuries to any person or damage to any property that I/we have or may have (i) against medical providers of emergency services under this authorization, or (ii) against. Key Club International or Kiwanis International for obtaining medical emergency services for the above-named Key Club member pursuant to this authorization.	List any allergies or other medical conditions of which we need to be aware			
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subsidiaries, agents, from any and all claims, liabilities, causes of actions, damages, demands, judgments, executions, liens and costs whatsoever, in law or equity, including, without limitation, liability for death or bodily injuries to any person or damage to any property that I/we have or may have (i) against medical providers of emergency services under this authorization, or (ii) against Key Club International or Kiwanis International for obtaining medical emergency services for the above- named Key Club member pursuant to this authorization.	treatment of the above-named Key Club member. In the event those persons cannot physician or other licensed medical provider to provide proper treatment, including b	be reached, or time does not permit, I hereby give permission to a licensed ut not limited to hospitalization, injection, anesthesia and/or surgery, for the		
Parent or guardian Signature Date	I/we hereby <b>RELEASE</b> , <b>WAIVE AND FOREVER DISCHARGE</b> Key Club International and Kiwanis International and their officers, directors, employees, parents and subsidiaries, agents, from any and all claims, liabilities, causes of actions, damages, demands, judgments, executions, liens and costs whatsoever, in law or equity, including, without limitation, liability for death or bodily injuries to any person or damage to any property that I/we have or may have (i) against medical providers of emergency services under this authorization, or (ii) against Key Club International or Kiwanis International for obtaining medical emergency services for the above-			
	Parent or guardian Signature	e Date		



#### KIWANIS INTERNATIONAL EVENT PUBLICITY WAIVER AND RELEASE FORM

For the right to enter the event, and for other consideration, I hereby irrevocably permit, authorize and license Kiwanis International (the "Company") and its affiliates, successors and assigns, and their respective licensees, advertising agencies, promotion agencies and fulfillment agencies, and the employees, officers, directors and agents of each and all of them ("Authorized Persons"), to display, publicly perform, exhibit, transmit, broadcast, reproduce, record, photograph, digitize, modify, alter, edit, adapt, create derivative works, exploit, sell, rent, license, otherwise use and permit others to use my name, image, likeness and appearance, voice, biographical information, signature and other personal characteristics and private information and all materials created by or on behalf of the Authorized Persons that incorporate any of the foregoing ("Materials") on a perpetual basis throughout the world and in any medium or format whatsoever now existing or hereafter created, including but not limited to, in and on print publications, electronic, magnetic and optical media, Audio and Audiovisual works, display, point-of-sale and other advertising and promotional materials, press releases, the internet, and in any other mediums for promotional purposes and any purpose, including but not limited to advertising, public relations, publicity, packaging and promotion of the Company and its affiliates and their businesses, products and services, without further consent or royalty, payment or other compensation to me.

I hereby irrevocably transfer and assign to the Company my entire right, title and interest, if any, in and to the Materials and all copyrights in the Materials arising in any jurisdiction throughout the world, including the right to register and sue to enforce such copyrights against infringers. I acknowledge and agree that I have no right to review or approve Materials before they are used by the Company, and that the Company has no liability to me for any editing or alteration of the Materials or for any distortion or other effects resulting from the Company's editing, alteration or use of the Materials. The Company has no obligation to use the Materials or to exercise any rights given by this Agreement.

To the fullest extent permitted by applicable law, I hereby irrevocably waive all legal and equitable rights relating to all liabilities, claims, demands, actions, suits, damages and expenses, including but not limited to claims for copyright or trademark infringement, infringement of moral rights, defamation, invasion of rights of privacy, rights of publicity, intrusion, false light, public disclosure of private facts, physical or emotional injury or distress or any similar claim or cause of action in tort, contract or any other legal theory, now known or hereafter known in any jurisdiction throughout the world (collectively, "Claims") arising directly or indirectly from the Authorized Persons' exercise of their rights under this Waiver and Release and the use and exploitation of the Materials, and whether resulting in whole or in part by the negligence of the Company or any other person, covenants not to make or bring any such Claim against any Authorized Person and forever releases and discharges the Authorized Persons from liability under such Claims.

I represent and warrant to Company that the Authorized Persons' use of the Materials and the rights and license granted hereunder do not, and will not, violate any right of, or conflict with or violate any contract with or commitment made to, any person or entity, and that no consent or authorization from any third party is required in connection herewith. This Agreement constitutes the sole and entire agreement of the parties with respect to the subject matter contained herein and supersedes all prior and contemporaneous understandings, agreements, representations and warranties, both written and oral, with respect to such subject matter. If any term or provision of this Agreement is invalid, illegal or unenforceable in any jurisdiction, such invalidity, illegality or unenforceability shall not affect any other term or provision of this Agreement or invalidate or render unenforceable such term or provision in any other jurisdiction. This Agreement is binding on and shall inure to the benefit of the parties hereto and their respective successors and assigns. All matters arising out of or relating to this Agreement shall be governed by and construed in accordance with the internal laws of the State of Indiana without giving effect to any choice or conflict of law provision or rule (whether of the State of Indiana or any other jurisdiction). Any claim or cause of action arising under this Agreement shall be brought only in the federal and state courts located in Marion County Indiana, and the parties hereby consent to the exclusive jurisdiction of such courts.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Publicity Waiver and Release.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 03/11/19