

PARENTAL AUTHORIZATION & INDEMNIFICATION FORM: YOUTH HOST TRAINING



Name/membership # of youth member (under 18) _____

Parent /Legal Guardian Name _____

Address _____

Home Phone _____ Cell Phone _____

WOOL is a community radio station operating under Federal Communication Commission (FCC) license. The youth member of WOOL named above has applied for training to host a program for broadcast on WOOL.

As the applicant's parent or guardian, your written approval is required to allow the youth member to attend training at the studio. The dates and times of training sessions vary and are free. WOOL provides no transportation or reimbursement. WOOL is run entirely by volunteers.

After training is completed, your signature is also required on the youth's Host Contract. Program Hosts are responsible for the content they air and are subject to the rules and regulations of the station and the FCC. Legal responsibility for a minor's actions are their legal guardian's. Program Hosts under the age of 18 are required to have an Adult Supervisor who is also a Certified Host with them in the station at all times. WOOL does not provide an Adult Supervisor. You may be this Adult Supervisor. Youth and adults may train at the same time.

You may restrict the hours that the youth member is available for training below. If no restriction is indicated, you consent to your child being at the station without time limitation. If a requested time for a student falls during school hours, an approval form from the school is required as well.

As parent/guardian, I authorize the participation of the youth member listed above. I accept responsibility and agree to indemnify WOOL and The Great Falls Community Broadcasting Company for any actions taken that are in violation of any law or municipal code or in violation of regulations set forth by the FCC. I agree to assume financial responsibility for damages caused by the person listed, if deemed to be through negligence or in willful violation of rules.

Agreed & Accepted by: _____ Parent or legal guardian for: _____
Print parent/guardian name

Signature Date Print name Birth Date

Permission is granted for the youth member to train to host a program on WOOL during the hours listed below:

WEEKDAYS WEEKENDS
From To From To

Please fill in the form completely, sign where indicated and return this form to:
Great Falls Community Broadcasting Company, PO Box 110, Bellows Falls VT 05101

Or hand deliver to the station at: 33 Bridge Street Bellows Falls, Vermont