

NextGen Rising Entrepreneurs Program Parent/Guardian Authorization Form

Program Overview: NextGen Rising Entrepreneurs is an educational mentorship program provided by Life Leaders International, Inc. (dba Accelerated Results 365), designed to equip young individuals with the knowledge, skills, and mindset necessary to start and grow their own businesses. Participants will receive guidance, training, and support to help them develop entrepreneurial skills and achieve their goals.

Participant Information:

Full Name of Participant: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Parent/Guardian Information:

Full Name of Parent/Guardian: _____ Relationship to Participant: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Authorization and Consent: I, the undersigned parent/guardian of the above-named participant, do hereby grant permission for my child to participate in the **NextGen Rising Entrepreneurs Program**. I understand the purpose of this program and consent to my child's involvement, including participation in virtual meetings, workshops, and other activities related to the program.

I acknowledge and accept the following:

1. Participation in the program is voluntary.
2. The program may include group sessions, mentorship calls, and activities focused on business and entrepreneurial development.
3. Photos, videos, or other recordings of participants may be taken during program activities for educational and/or promotional purposes.
4. I understand that reasonable precautions will be taken to ensure the safety and well-being of all participants.
5. I agree to release NextGen Rising Entrepreneurs, its organizers, mentors, and affiliates from any liability related to participation in the program.

Emergency Contact Information:

Emergency Contact Name: _____ Emergency Contact Phone: _____

Thank you for supporting your child's growth and entrepreneurial journey!

Signature and Notarization: I certify that I am the parent or legal guardian of the above-named participant and that all information provided is true and accurate. (Must be signed in front of a Notary Public.)

Parent/Guardian Signature: _____ Date: _____

Notary Public Acknowledgment:

State of: _____ County of: _____

On this ____ day of _____, **2025**, before me, a Notary Public, personally appeared _____ (Parent/Guardian's Name), known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that they executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Notary Public Signature: _____ My Commission Expires: _____

Program Contact Information: For questions or further assistance, please contact: Catherine M. White

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