



Acceptance of Invitation

I, _____ [*name student presenter*],
accept the invitation to the Mark Motley LLC State Business Plan Competition presented by
YEScarolina in Charleston, South Carolina on Friday, May 4, 2018.

Signed: _____ Date: _____

Name of Business: _____

Email: _____

Date of Birth: _____

Cell-Phone: _____ Home Phone: _____

I, _____ [*parent or guardian of invited contestant*], as a
parent or guardian of _____, an invited contestant, acknowledge and
approve of the invitation and approve and authorize _____'s acceptance
of the invitation to and participation in Motley Rice Regional Business Plan Competition presented
by YEScarolina in Charleston, South Carolina on May 4, 2018.

Signed: _____ Date: _____

Email: _____

Cell-Phone: _____ Home Phone: _____



Acknowledgement of Potential Tax Liability

The undersigned (either as a guest of YEScarolina or as parent or legal guardian of the guest) acknowledges that:

- I will be solely responsible for paying any and all taxes owed on the award money;
- YEScarolina will not be responsible for paying or remitting any of the taxes owed on the award;
- No taxes will be withheld at payment of the award.

YEScarolina will issue to the winners and to the Internal Revenue Service a 1099-MISC form. We are collecting below the relevant Social Security Numbers to substitute for a W-9.

*1099-Misc. form- Miscellaneous Income. Rent or royalty payments; prizes or awards that are not for services, such as winnings on TV or radio shows. Any person, including a corporation, partnership, individual, estate, and trust, who make reportable transactions during the calendar year must file information returns (1099-Misc.) to report those transactions to the IRS. Persons required to file Information Returns to the IRS must also furnish statements to the recipients of the income.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest of dividends, or (c) the IRS has notified me that I am no longer subject to backup withholdings, and
3. I am a U.S. citizen or other U.S. person

Date: _____

Signature: _____
of Participant (or, if under 18, of participant’s Parent/Legal Guardian)

Printed Name: _____
of Participant (or, if under 18, of participant’s Parent/Legal Guardian)

Social Security or Tax ID Number of participant: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

*Complete appropriate pages and submit to the [YEScarolina Certified Teacher Portal](http://yescarolina.com/download-and-upload-of-permission-slips-for-state-competition/) on YEScarolina’s Website
<http://yescarolina.com/download-and-upload-of-permission-slips-for-state-competition/>*



Student and Guest Participation Waiver of Liability, Release, Covenant Not to Sue and Hold Harmless Agreement

I, _____, a participant in the YEScarolina Motley Rice Regional Business Plan Competition to be held at the College of Charleston in Charleston, South Carolina on May 4, 2018, do hereby agree with YEScarolina as follows:

1. I acknowledge that my participation in the Program is voluntary and do hereby agree to assume all risks and responsibilities concerning my participation in the Program, all activities in which I may participate whether such activities are related to the Program, such as hotel stay, field trips, informal recreation, and all travel related to Program activities or to such unrelated activities.
2. I hereby agree not to sue, and to forever discharge, defend, indemnify and hold harmless, and to release YEScarolina, and any of their subsidiaries and respective trustees, officers, directors, agents and employees, from and against any losses, costs, damages, actions, causes of action (including, without limitation, attorney's fees), which I may suffer or incur as a result of or arising from my participation in the Program, all activities related to the Program, any activities in which I may participate which are unrelated to the Program and all travel to the Program or any related or unrelated independent activities, or from any damage to my personal property, my personal injury, or my death, as a result of any activity undertaken by me or risk assumed by me thereunder, except to the extent that the same results from the fault or negligence of YEScarolina.
3. It is my express intention that this Waiver of Liability and Hold Harmless Agreement shall bind me, all members of my family and my heirs, assigns, executors, and personal representatives.
4. I hereby execute and deliver the following Power of Attorney;



Emergency Power Of Attorney and Consent to Medical Treatment

Effective during all times in which I participate in the Program (including during travel and field trips), I hereby appoint the relevant YEScarolina Program Director, acting individually, to act on behalf as my Attorney and to seek and obtain on my behalf and at my expense, any medical treatment or emergency medical treatment, which in the sole discretion of any such Attorney, is or may be necessary or advisable as a result of any accident, injury, or medical condition affecting me at any time during my activity.

I hereby consent to and request that such Attorney seek and obtain any such medical assistance for my benefit and at my expense in the event of any such accident, injury or medical condition.

I hereby authorize all physicians and other medical care providers, including hospitals, to provide medical care to me in accordance with the directions of such Attorney. I hereby agree to defend, indemnify and hold harmless the Attorney, from and against any lose, cost or damage which he or she may suffer or incur as a result of the taking of any action, or the providing of any medical care or treatment there under. This Power of Attorney shall not be affected by my subsequent disability or incapacity for any reason.

I hereby request that my Attorney taking action hereunder notify my family of the same as soon as possible. The Attorney should not delay obtaining any necessary medical treatment while seeking to notify my family.

5. I agree that this Waiver of Liability, Release, Covenant Not to Sue, and Hold Harmless Agreement shall be construed as a binding legal agreement under seal in accordance with the laws of the State of South Carolina, without application of principles of conflict of law as may be enforced within the Courts of the State of South Carolina. In the event any provision hereof shall be held to be unenforceable, in whole or in part, the balance of the Agreement shall remain in force to the fullest extent permitted by law.

6. I agree to abide by all local and state laws, regulations and by-laws and all rules, regulations, and policies of YEScarolina during my activity and my participation in the Program. I acknowledge that my failure to abide with the foregoing may result in termination of my ability to continue in the Program and remain at the activity.

Page 2 - Emergency Power of Attorney and Consent to Medical Treatment

*Complete appropriate pages and submit to the [YEScarolina Certified Teacher Portal](http://yescarolina.com/download-and-upload-of-permission-slips-for-state-competition/) on YEScarolina's Website
<http://yescarolina.com/download-and-upload-of-permission-slips-for-state-competition/>*



7. I hereby acknowledge that I am fully aware of the effect of this instrument; I am signing it of my own free will; no oral representation, statement or inducement apart from the forgoing, have been made; I am at least eighteen (18) years of age and I execute this Agreement for full and adequate consideration.

Date: _____

Signature: _____

Of Participant (or, if under 18, of participant's Parent/Legal Guardian)

Printed Name: _____

Of Participant (or, if under 18, of participant's Parent/Legal Guardian)

YEScarolina
171 Church St.
Suite 212
Charleston, SC 29401
(843) 805-4901



Parent/Guardian Media Permission Form
(For applicants *under* the age of 18)

Name of Parent/Legal Guardian: _____

Name of Child/Ward: _____

Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell-Phone: _____ Home Phone: _____

Entrepreneurship Teacher: _____

School or Organization: _____

I am the parent/legal guardian of the child named above, who is under the age of 18. I hereby provide permission for YEScarolina to use, reproduce, electronically publish and display my son/daughter/ward's name, photograph, and any information provided by my son/daughter/ward in all media including, but not limited to, newspapers, magazines, television, radio, and Internet web sites. I understand that this media will be accessible throughout the world and that stories including my son/daughter/ward may appear in written, video and electronic form.

I understand that information provided by my son/daughter/ward will be used to promote YEScarolina, and entrepreneurship education generally. I release YEScarolina's agents and employees from any claims of infringement, invasion of privacy, defamation or misappropriation arising from the use of the information provided by my son/daughter/ward in the permitted manner.

Signature of parent/legal guardian: _____

Date: _____



Media Permission Form
(For applicants 18 years old and over)

Name: _____

Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Entrepreneurship Teacher: _____

School or Organization: _____

I, _____, being age 18 or above, hereby provide permission to YEScarolina to include certain personal information about me in connection with support of the YEScarolina program including publication in:

Promotional materials, press releases, newsletters, web site contents and in all media now known or hereinafter devised in perpetuity.

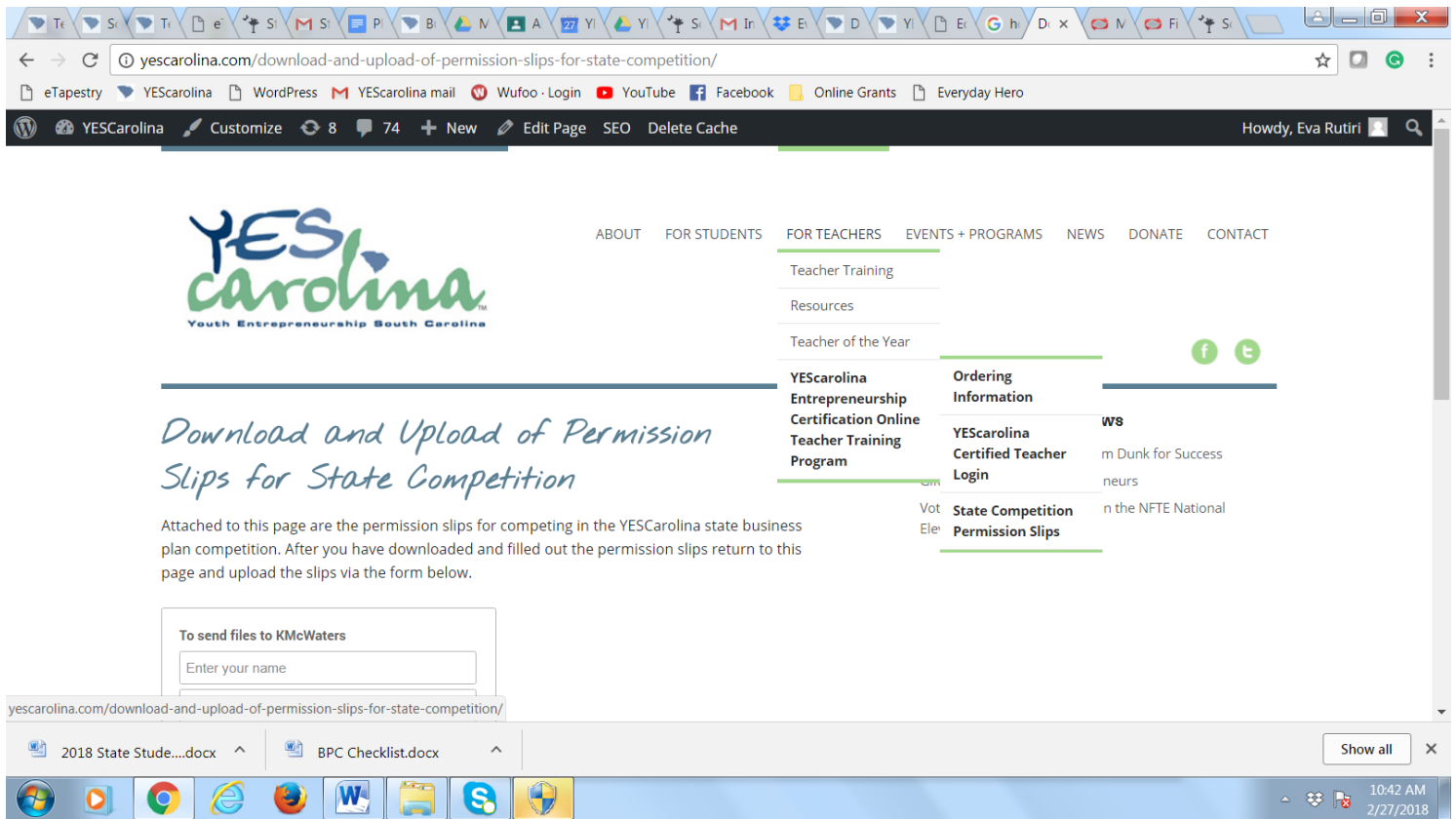
I understand that this media will be accessible throughout the world and that stories including my personal information may appear in written, video, electronic, and other forms.

I understand that information provided by me will be used to promote YEScarolina, and entrepreneurship education generally. I release YEScarolina, and YEScarolina's agents and employees from any claims of infringement, invasion of privacy, defamation or misappropriation arising from the use of the information provided by me in the permitted manner.

Signed: _____ Date: _____



Here is a screenshot of where you submit student permission forms for YEScarolina State Competition that is **Due Wednesday, April 25th.**



Complete appropriate pages and submit to the [YEScarolina Certified Teacher Portal](http://yescarolina.com/download-and-upload-of-permission-slips-for-state-competition/) on YEScarolina's Website <http://yescarolina.com/download-and-upload-of-permission-slips-for-state-competition/>