THE TORCH OF CARE | NATIONAL TOUR 2027

ONE TABLE. TEN CITIES. • TEEN CAREGIVERS

NOMINATION • REGISTRATION • ATTENDANCE CONFIRMATION

Please complete the sections relevant to your request. A nomination is not an RSVP or an award confirmation.

1 HOW ARE YOU PARTICIPATING?

☐ Nominate a teen caregiver ☐ Register a teen caregiver ☐ Confirm attendance after invitation

2 TEEN CAREGIVER & TOUR CITY

Teen caregiver name _____ Age at event _____

Select ONE preferred city. All events: 11:00 AM–3:00 PM local time (2027 Saturdays; venues subject to confirmation).

☐ Arlington, VA — Apr 17	☐ San Antonio, TX — May 15
☐ Killeen, TX — Jun 12	☐ El Paso, TX — Jul 17
☐ Colorado Springs, CO — Aug 21	☐ Tacoma, WA — Sep 18
☐ Clarksville, TN — Oct 16	☐ Fayetteville, NC — Nov 6
☐ Jacksonville, NC — Nov 13	☐ Augusta, GA — Dec 11

3 PERSON COMPLETING THIS FORM

Full name _____ Email _____

Phone (optional) _____ Organization / school (optional) _____

Relationship: ☐ Parent/legal guardian ☐ Teen caregiver ☐ Teacher/school ☐ Organization ☐ Other

4 NOMINATION / RECOGNITION (IF APPLICABLE)

In 2–3 sentences, describe the teen's contributions, strengths, or achievements. Do not disclose diagnoses or sensitive family details.

_____

_____

5 ATTENDANCE & ACCESS (IF APPLICABLE)

☐ Planning to attend with teen ☐ Request attendance details ☐ Not applicable

COMPLIMENTARY ADMISSION: Each teen caregiver and ONLY ONE accompanying parent, legal guardian, or authorized adult may attend at no cost, subject to registration and confirmation. Additional accompanying guests are not included.

☐ Please send travel assistance information (subject to available funds).

☐ Please contact me privately about accessibility needs (no diagnosis required on this form).

6 PARENT / LEGAL GUARDIAN CONSENT (REQUIRED BEFORE A MINOR ATTENDS)

I confirm that I am the parent/legal guardian or otherwise legally authorized to consent for the minor named above. I authorize the minor to participate in the selected Torch of Care event, scheduled from 11:00 AM to 3:00 PM local time. I understand that the teen must be accompanied by one parent, legal guardian, or authorized adult, and that complimentary admission is limited to the teen and that ONE accompanying adult.

Guardian full name _____ Relationship _____

Guardian signature _____ Date _____

7 EVENT PARTICIPATION ACKNOWLEDGMENT / LIMITED WAIVER

I understand that travel to and from the event and ordinary participation may involve risks. I agree to follow reasonable venue and organizer safety instructions and to supervise the minor for whom I am responsible. To the extent permitted by applicable law, I accept ordinary risks inherent in voluntary attendance. Nothing here releases claims for gross negligence, recklessness, intentional misconduct, or rights that cannot lawfully be waived. This form does not replace any venue-specific consent requirements.

☐ I have read and acknowledge the event participation terms above.

8 OPTIONAL PHOTO & VIDEO PERMISSION — EVENT USE ONLY

Choose ONE. Declining will not affect eligibility, recognition, or attendance. Permission is limited to photographs, video, and audio captured at the event for documentation and reporting about this event, including the Foundation's event recap, website, and official social media. It does NOT authorize commercial advertising, third-party licensing, or unrelated future campaigns. No public identification of caregiving or family circumstances is authorized solely by this permission.

☐ YES, I authorize the event-only uses described above. ☐ NO, I do not authorize identifiable media use.

If YES: ☐ First name only may appear ☐ No name may appear

Guardian signature for media choice _____ Date _____

Teen assent (when appropriate) _____ Date _____

Media preferences will be communicated to the event team; reasonable efforts will be made to honor them. Contact the Foundation to withdraw permission for future use; previously published materials may not be fully retrievable.

9 SUBMISSION ACKNOWLEDGMENT

☐ I understand nomination/registration does not guarantee selection, seating, or travel support. I consent to being contacted about this request.

Signature of person completing form _____ Date _____

SUBMIT / QUESTIONS

Military Child World Expo Foundation • 2461 Eisenhower Avenue, Alexandria, Virginia 22314 | 703-646-8410

info@themilitarychildworldexpo.com • Email subject: National Tour — Teen Caregivers

Privacy: Do not send medical records, diagnoses, custody documents, or military orders. Submit guardian authorization through a secure channel when requested.