# THE TORCH OF CARE | NATIONAL TOUR 2027

**ONE TABLE. TEN CITIES. • THE UNSEEN AMONG US™**

**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 young person ☐ Register a young person ☐ Confirm attendance after invitation

## 2 YOUNG PERSON & TOUR CITY

Young person's preferred 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/guardian ☐ Authorized caregiver ☐ Young person ☐ School/agency ☐ Other

## 4 NOMINATION / RECOGNITION (IF APPLICABLE)

In 2–3 sentences, describe the young person's strengths, achievements, or aspirations. Do not share placement history, case details, diagnoses, or trauma.

_____

_____

## 5 ATTENDANCE & ACCESS (IF APPLICABLE)

☐ Planning to attend with young person ☐ Request attendance details ☐ Not applicable

COMPLIMENTARY ADMISSION: Each registered young person and ONLY ONE accompanying parent, legal guardian, or authorized caregiver/adult may attend at no cost, subject to confirmation. Additional 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 / GUARDIAN OR AUTHORIZED ADULT CONSENT

I confirm that I am legally authorized to consent to this minor's participation, or will provide the required authorization through the organizer's secure process before attendance. I authorize participation in the selected event, 11:00 AM–3:00 PM local time. The young person must attend with ONE approved parent, guardian, or authorized adult; admission is complimentary for both.

Authorized adult name _____ Relationship / authority _____

Guardian signature _____ Date _____

## 7 EVENT PARTICIPATION ACKNOWLEDGMENT / LIMITED WAIVER

I understand that travel and ordinary event participation may involve risks. I agree to follow venue and organizer safety instructions and ensure appropriate adult supervision. To the extent permitted by law, I accept ordinary risks inherent in voluntary attendance. This does not waive claims for gross negligence, recklessness, intentional misconduct, or rights that cannot lawfully be waived. Additional agency or venue authorization may be required.

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

## 8 OPTIONAL PHOTO & VIDEO PERMISSION — EVENT USE ONLY

Choose ONE. Declining does not affect recognition or attendance. Optional permission covers event photographs, video, and audio solely for this event's documentation and recap on the Foundation website and official social media. It does NOT permit advertising, third-party licensing, or unrelated campaigns. Foster care, kinship, guardianship, or child-welfare status must NEVER be disclosed through this consent. Any agency restrictions take precedence.

☐ 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

Authorized consenting adult signature _____ Date _____

Teen assent (when appropriate) _____ Date _____

Media permission requires the legally authorized decision-maker and youth assent where appropriate. Restrictions will be shared with the event team. Contact the Foundation to withdraw permission for future uses; previously published media may not be fully retrievable.

## 9 SUBMISSION ACKNOWLEDGMENT

☐ I understand nomination/registration does not guarantee selection, seating, or travel support. I agree to private contact about this request; no public disclosure of care status is required.

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 — The Unseen Among Us

Privacy: Do not send case numbers, placement addresses, custody orders, diagnoses, or personal histories. Any verification of legal authority must use a secure channel.