



PARENTAL AUTHORIZATION/INDEMNIFICATION FORM

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

Parent /Legal Guardian Name: _____

Address _____

Home Phone _____

Cell Phone _____

The Great Falls Community Broadcasting Company, known as WOOL-LP 100.1FM-Bellows Falls, is a community radio station operating under FCC license. The person named above is a youth member of the station and has applied for training/certification to host a program for broadcast on WOOL. Program Hosts are responsible for the content of their shows and are subject to the rules and regulations of the station and the Federal Communication Commission. WOOL is run entirely by volunteers. WOOL provides no transportation or reimbursement for services rendered by the member requesting training.

As the parent or guardian of the above-named minor, your written approval is required to allow the following:

1. To attend training at the studio towards accreditation as a certified program host on WOOL. The dates and times of these training sessions vary and are free to youth members.
2. To work as a program host during certain hours per applicant request, subject to current and future rules of the station. Parents/guardians may restrict those hours in the space provided below. If left blank, you consent to your child being at the station without time limitation. If a requested time for a student falls during regular school hours, an additional approval form from the sending school will also be required before any show time will be granted.

As parent/guardian, I authorize the participation of the youth member listed below in the activities of the station. I accept responsibility and agree to indemnify GFCBC for any actions taken that are in violation of any law or municipal code or in violation of regulations set forth by the FCC with regard to broadcasters. I further agree to assume financial responsibility for damages caused by the person listed, if deemed to be through negligence or in willful violation of rules set out by GFCBC.

Agreed & Accepted by:

Parent or legal guardian for:

Name	Date	Name	Birth Date
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Permission granted to volunteer, train or host a program 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