

# HEMP

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## GENERAL RELEASE

The undersigned, \_\_\_\_\_,  
(Applicant Name)

on behalf of the signatory and \_\_\_\_\_,  
(Company Name)

in consideration of services to be rendered by the Helzberg Entrepreneurial Mentoring Program, a program sponsored by the University of Missouri at Kansas City, the Kauffman Foundation and the Shirley and Barnett Helzberg Foundation, does hereby forever release and discharge those parties set forth above as well as any person(s) participating as a formal or informal mentor of the program and agrees to defend them from liability, cause of action or other liability of any type, arising out of or in connection with any services rendered to the undersigned or to their business in connection with the mentoring program. Such services include any matter or thing emanating from or dealing with the mentoring program herinabove set out forever.

This release shall be binding upon the signatories hereto, their respective assignees, transferees, heirs or any person, firm or corporation claiming by and through any of them.

In witness whereof, the parties have duly signed this agreement of the dates indicated below.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print Name

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## RELEASE OF INFORMATION AUTHORIZATION

I, the undersigned, authorize a comprehensive investigation of my background, and request institutions, businesses and individuals to release the information requested upon receipt of this authorization. This information may include a credit history by my creditors, past or present, any criminal conviction history record from criminal justice agencies, and a civil record search. The information may be released to any credential check agency or personnel service acting as an agent on behalf of the Helzberg Entrepreneurial Mentoring Program.

Name: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Previous Name(s): \_\_\_\_\_

School Last Attended: \_\_\_\_\_

Degree Earned: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature