

KernYES! Youth Leadership Empowerment Summit

MEDICAL, COMMUNICATION AND MEDIA RELEASE AUTHORIZATION

(Please read and sign all below)

(Print student name) _____ School _____ Grade _____

has my permission to participate in (name of project or event) _____

Located in _____, CA On (date) _____

Departure time: _____ Return time: _____ (approx.)

METHOD OF TRANSPORTATION:

_____ School Vehicle _____ Private Auto _____ Other: _____

I agree to direct my child to cooperate and conform with directions and instructions of the organizers, Rotary and District personnel in charge of the activity. This field trip/project/event is made pursuant of the provisions of California State Education Code Sections 35350 and 35330. These sections provide in part that "all persons making the field trip/event/project are deemed to have waived all claims against the Rotary District 5240, the Rotary Clubs, volunteers, employees, Kern County Superintendent of Schools and all personnel/representatives and the State of California for injury, accident, illness, or death occurring during or by reason of the event/project/field trip."

<u>Important Parent/Guardian Information:</u>			
Name of Parent/Guardian (please print) _____		Cell Phone # _____	
_____	_____	_____	_____
Email Address	Home Phone #	Work Phone #	Alternate Phone #
Home Address _____			

MEDICAL INFORMATION AND AUTHORIZATION

HEALTH ISSUES

Are there any health concerns or issues that we should take into consideration? ___ Yes ___ No

If yes, briefly describe Health Concerns _____

Medications student takes (list Rx and OTC) _____

Special Diet or Restrictions _____

HEALTH INSURANCE (if available)

Health Insurance _____ Name of Insured _____

Policy Number _____ Phone Insurance Carrier _____

Should it be necessary for my child to have medical treatment while participating in this trip, I hereby give the Rotary, Rotarians volunteers and/or school district personnel permission to use their judgement in obtaining medical service for the child, and I give my permission to the physician selected by the aforementioned personnel to render medical treatment deemed necessary and appropriate by the physician.

 Student's Name (first and last) Name of Parent/Guardian (print) Signature of Parent/Guardian

*Please list any special instructions regarding medical treatment for your student. _____

LIABILITY RELEASE

I confirm that my child is in good health and able to attend _____ (event name)
I further agree to release the Rotary Club, Rotary District, Rotary International, and their associated officers, directors, and representatives, from liability for any and all damages or injuries suffered by my child while participating in the aforementioned event including, without limitation, damages or injuries resulting from acts of negligence on the part of the aforementioned above, and their associated officers, directors, and representatives. The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL AS PARENT/ GUARDIAN WAIVER FOR MINORS (Under 18 years old). The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the waivers and release of liability set forth above.

The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Parent/Guardian's Name (first and last)

Signature of Parent/Guardian

Date

MEDIA AND COMMUNICATION AUTHORIZATION RELEASE

I _____ being the parent or legal guardian of the above named Applicant, approve of the Applicant receiving communications via email, telephone or other means from undermentioned personnel and _____ to directly communicate with my child pertaining to the aforementioned project or event. Further, on behalf of my child and myself, I agree to allow photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assignees.

Signature of Parent/Guardian

Date

DECLARATION BY APPLICANT (*student must read and sign*)

I (student) _____ being the APPLICANT, understand that I will be required to adhere to all the requirements and instructions of the director and staff of _____ during my participation in the program/event/project and that in the event of my failure to do so in a reasonable manner I may be returned to my home by the first available transport. In accordance with the Privacy Act, I agree to my name and contact information being used on a list of participants for follow-up and administrative purposes.

Student Signature _____

Date _____

*Student ***MUST*** present completed consent form signed by parent/legal guardian and student (*last page*) before or at time of event/project.
If student fails to have the signed consent form, student will not be allowed to participate.