Rotary District 5810 Event Permission Slip and Waiver

We are privileged to have your child participate in this amazing Rotary Program/Event!
Rotary strives to create and maintain a safe environment for all youth who participate in Rotary activities

Student's name: _____ _____ _____
First Middle Last

Student's Date of Birth: _____

Are there any general health issues we should be aware of?

Parent(s)/Guardian(s) Authorization for Health Care:

I/We understand the information on this form will be shared on a "need to know" basis. I/We give permission to photocopy this form.

Parent(s)/Guardian(s) Authorization of liability waiver
I/We give permission for our child to attend this Rotary sponsored youth event/program and participate in activities geared for my child under the supervision of Dallas North Rotary or any authorized employees of the event/program location. We understand if our child doesn't follow the event rules, it may result in the students being sent home and the parents would need to pick-up the student from the event.
I/We will be liable for all medical, dental, surgical, hospital, and other care provided to our child by means of the preceding authorization to the extent that the costs and expenses exceed the health insurance, Rotary nor the event/program location shall have any liability for any such costs or expenses.
I/We recognize that travel involves inherent dangers, and we assume all risk of personal injury, death and property damage that may result to our son/daughter and to ourselves from our son's/daughter's participation in this Rotary sponsored event/program, including travel to and from.
To the extent permissible under Texas law, I/we will hold harmless all Rotary volunteers authorized to chaperone and lead this event/program, Rotary International, Rotary District 5810 and Rotaract Clubs which may participate (and all of the preceding parties' directors, officers, employees, members and representatives) from all liability claims, damages, lawsuits, and associated cost and expenses relating to personal injury, death and/or property damage resulting or arising from our child's participation, including lawyer fees and costs.
Further I grant full permission to use any photograph, video or recording, taken of me (and/or named student above) during this event, for any purpose.

Parent/Guardian: Name _____ Phone # _____

Parent/Guardian: Signature _____ Date _____

_____ _____

By my signature, I confirm that I am the parent or legal guardian of the named student

In case of emergency contact: _____ Contact #: _____