

WAIVER MUST BE RECEIVED PRIOR TO ARRIVAL AT DREW UNIVERSITY



**Rotary Districts 7470 & 7510
Drew University
June 15, 16, 17, 2018**

PARENTAL CONSENT

Student First Name: _____ Last Name: _____

We hereby release and agree to save and hold harmless Drew University, Rotary chaperons, Rotary leaders, committee members of all Rotary Clubs, as well as the sponsoring Rotary District and Rotary International from any and all liability which the student may or could claim or assert against any such person or Rotary entity, or any of their members, officers, directors and committee members by reason of any personal injury or death which could be suffered by said student and for loss of or damage to any personal property or any loss, monetary or otherwise, during the period of his/her stay and until his/her return to his/her home expressly any and all claims for liability at Drew University which the undersigned might or could assert. We also give permission for our Student to be photographed/video for promotion of the RYLA program.

I understand that infraction of any rules, regulations and/or guidelines concerning proper behavior may cause my son/daughter to be withdrawn from the program.

PARENTS/GUARDIAN: I give my consent for my son/daughter to participate in the RYLA program and declare that I know and accept the rules of Rotary District 7470. I understand that if my son/daughter does not obey the rules he/she may be sent home immediately. The undersigned applicant and parents give consent to have photographs or videos used in the interpretation and promotion of the RYLA program.

Signatures:

Student Signature

Date

Parent/Guardian Signature

Date

Send or email consentf to:

Attn: Barry Kroll, RYLA Registrar, 27 Laurel Way, Madison NJ 07940

Email: barrykroll@aol.com

Phone: 973-476-2772

Note: Email attachment must be either a word document (doc/docx) or PDF format