

Rotary International District 5040 Inc. Youth Programs

2020 - 2021 ACKNOWLEDGEMENT OF RISKS & AGREEMENT TO HOLD HARMLESS

PROGRAM:

I _____, parent /legal guardian of _____,

recognize that my dependent will be involved in activities organized by Rotary International District 5040 Inc. - Rotary Youth Programs. Activities may include (but are not limited to) basic conference or meeting undertakings (in person and/or on-line) as well as various leadership activities and team building exercises.

1. I understand that activities may present to the participant a wide variety of risks and conditions. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.
2. I expressly agree and promise to accept and assume all of the risks existing in activities. My dependent does not have to participate in the activities if he/she does not feel comfortable or confident in doing so. I certify that my dependent has no medical or physical conditions that could interfere with safety, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. I understand that RI Rotary 5040 Inc. and Rotary Volunteers will take reasonable steps to prevent injuries to participants.
3. I understand that (for some events and programs), Medical Information is collected to certify the safe involvement of all participants (and to ensure that event staff are prepared for emergencies).
4. I understand that RI District 5040 Inc. and Rotary Volunteers will approach activities with both care and planning. While activities are underway, they will endeavor to instruct, protect and care for the wellbeing of my dependent as I would in their place, including making decisions regarding the medical care of my dependant.
5. I understand that my dependent will be expected to uphold the standards of behavior expected of him/her by RI District 5040 Inc. He/she will be expected to follow recommendations given by the staff and other supervising adults on activities, with the understanding that this is in the best interest of all participants. He/she will be expected to act with responsibility and care for him/her and for others during activities.
6. I understand that during RI District 5040 Inc. Youth Program events, including virtual meetings; photographs and video recordings may be taken of my dependent, and I hereby give my consent to RI District 5040 Inc. to use these photographs and videos in RI District 5040 Inc.'s internet based and printed promotional materials, as well as on its websites. I also understand that photographs and video recordings taken by Youth Program volunteer staff and fellow participants may be posted on the Internet, through entities such as Facebook and YouTube etc., which postings may be widely accessible, thus RI District 5040 Inc., and the volunteer organizers and staff of the Rotary Youth Programs cannot guarantee privacy or control the public's access to these photographs or video recordings.
7. I understand that virtual meetings have become the instrument of communication. While every care is taken; including a technology platform that allows for a secure passcode to ensure only invited participants can attend, social media has inherent risks. RI District 5040 Inc. strongly suggest that program participants not exchange personal information, such as address and phone number at any time. I understand that it is not RI District 5040 Inc.'s responsibility to monitor electronic devices or programs utilized by my dependent.

Indemnification and release: In consideration for my child being allowed to participate in said program(s), I agree to release and hold harmless RI District 5040 Inc. including the Rotary Club, its affiliates, agents, and volunteers, from all liability for any injuries and/or illnesses sustained by my dependent, which may directly or indirectly result from my dependent's conduct. I also acknowledge full and sole responsibility for any and all medical expenses that my child may incur as a result of any injury and/or illness that occurs as a result of my child's participation in the event.

I have read this agreement and have understood its nature and its contents. Please allow my dependent to participate.

Signature of Parent/Guardian _____ (d/m/y): _____

Parent Contact Info: _____ Email _____ Phone _____

Signature of Student _____ (d/m/y): _____

PLEASE PRINT OFF THIS FORM, COMPLETE, SIGN AND RETURN TO YOUR ROTARY CLUB REPRESENTATIVE. ANY REGISTERED PARTICIPANT THAT DOES NOT HAVE A SIGNED WAIVER ON FILE MAY NOT BE PERMITTED TO ATTEND OR PARTICIPATE IN AN EVENT.

RI Rotary District 5040 Inc. is committed to following the Guidelines of the Health Authority. RI Rotary District 5040 Inc. is committed to protect the privacy of your personal information and to comply with the Privacy Act, BC's privacy laws and the Personal Information Protection Act. This information will not be divulged to any 3rd party, or shared in any other way, by the District 5040 Inc. and its individual programs.