

Student's Name: _____ Name of School: _____



PARENTAL CONSENT RELEASE OF LIABILITY AGREEMENT

*****This original consent form must be presented upon arrival at the event*****

Event: 2018 Gardening with the District Governors

Date & Time: May 12, 2018 ▪ Arrival: 8:30 AM ▪ Event Starts at 9 AM ▪ Event Ends at 1 PM

Where: Hermann Park (by the Houston Zoo), 6200 Hermann Park Drive, Houston TX 77030

Rather than students driving their own vehicles to this event, we request that they be driven by adult chaperones, dropped off/picked up by parents, or follow your own school district's policy in regards to student transportation.

As the parent or guardian, I certify that (**PRINT STUDENT'S NAME**) _____ has my permission to participate in the Interact District 5890 "Gardening with the District Governors" Saturday, May 12, 2018 at HERMANN PARK, 6200 HERMANN PARK DRIVE, HOUSTON, TX 77030 (the "EVENT")

I understand that participation in Rotary International District 5890 "Gardening with the District Governors" Group Service Project at Hermann Park involves a certain degree of risk since they will be picking up trash and debris in designated clean-up areas; using a rake, hoe or shovel to assist clean-up process; planting trees or any type of plant; working in or around the pedal boat area; volunteering during various HPC special events; bagging or collecting piles of trash and litter to be bagged and transported to collection point; and other tasks as needed.

I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release Rotary International District 5890, Inc., the members, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims, damages, or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In case of emergency, if I/we cannot be contacted, I/we hereby authorize District 5890 Interact Conference Sponsors to seek medical attention for the above-named student, and I assume all responsibilities for payment of medical treatment. I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

I further understand that I am responsible for costs associated with medical treatment for my minor participant or myself.

I/We understand that I/We are responsible for any cost incurred and we agree to hold the Rotary International District 5890, and its Rotarian members, spouses, clubs, volunteers, or agents (collectively referred to as "Rotary") harmless for any liability arising out of any good faith actions taken in supervising the above-named minor in regards to the Event, including transportation, if any. In consideration of the participant in the EVENT, the parent/guardian hereby releases and holds harmless them from any and all liability occurring during the above person's participation, except for liability incurred by willful tort or gross negligence. In particular the person's parent/guardian acknowledges that he/she and such person will not hold the Rotary liable for any expenses, property damages, personal injuries and/or death sustained by such child while participating in the EVENT.

Furthermore, the parent/guardian acknowledges that he/she has been, prior to the commencement of the EVENT, aware of and understands the risk involved in such activity, and is prepared to assume, on behalf of such child and himself/herself all of such risk as his/her and the child's sole responsibility. The terms and conditions of this Agreement shall be legally binding upon the undersigned parent/guardian and such child and his/her respective estate, representative and assigns.

Participant's Signature: _____

Date _____

Student's age: _____ Date of Birth: _____

Parent/guardian printed name: _____

Parent/guardian signature: _____

Phone Number in case of emergency: _____ Date: _____

- Parents: Please make a note of the following cellular phone numbers of our Interact Committee Co-Chairs:
 - Charlie & Tommie Buscemi (713) 598-7129
 - Frank Parrilla (832) 396-2416