

FORM #3

PARENTAL CONSENT RELEASE OF LIABILITY AGREEMENT

****This original consent form must be presented to the Registration Desk upon arrival at the conference****

(Do Not Email)

2018 Interact District Conference - March 24, 2018

Arrival Check-in & Breakfast at 9:00 - 9:45 a.m. ■ Event Starts at 10:00 a.m. ■

Event Ends at 10:30 p.m. (Pickup no later than 11 p.m.)

Address: Hosted at Sealy High School, 2372 Championship Drive, Sealy TX 77474

\$20 Registration Fee Per Interactor (includes donuts/fruit breakfast, lunch, dinner, snacks, t-shirt, & activities)

As the parent or guardian, I certify that (**PRINT STUDENT'S NAME**) _____
 has my permission to participate in the Interact District 5890 District Conference to be held Saturday, March 24, 2018 at _____
 Sealy High School (Sealy ISD) 2372 Championship Drive, Sealy TX 77474 (the "EVENT") _____

I/We understand that the Interact District Conference is an all-day event on Saturday, March 24, 2018 and that the above-named student will not be allowed to leave the campus until the end of the event at approximately 10:30 PM. I/We understand that if the above-named student must leave for any reason that he or she will not be released until I/We am personally contacted by telephone, and I/We authorize said release.

Late Arrival / Early Departure: By March 19, 2018, I/we will send my written consent to their school's Interact Faculty Advisor with my authorization including, date, time, phone number, and reason that my child is arriving late or leaving the event early.

Should the student leave the premises without consent, they will not be allowed to return to the Conference facilities. District 5890 Interact Conference Committee, Rotary District 5890, Rotary International, Sealy ISD and Sealy High School will not be responsible for the student and all attempts will be made to contact the parent or guardian immediately.

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/We understand that I/We are responsible for any cost incurred and we agree to hold the Rotary International, Rotary 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 the Rotary 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.

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

Parent/Guardian's Name: _____ **Signature** _____ **Date** _____
Contact Phone Number: _____ **Cell Phone Number** _____
Name of Alternate Contact: _____ **Cell Phone Number** _____

Parent/Guardian's Name: _____ **Signature** _____ **Date** _____
Contact Phone Number: _____ **Cell Phone Number** _____
Name of Alternate Contact: _____ **Cell Phone Number** _____

Student/Participant Name: _____ **Signature** _____ **Date** _____
Cell Phone Number _____

- 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