**Parent Authorization Form**

Rotary District 5340 6th Annual Interact Symposium

I, the undersigned, authorize my son/daughter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Student)

To participate in the Rotary District 5340 6th Annual Interact Symposium on October 5th, 2019 from 8:30 AM to 3:30 PM, at the Liberty Station Conference Center, 2600 Laning Road San Diego, Ca 92106

I hereby grant my consent and permission to the Rotary Club, its affiliates, agents and employees, to use my child’s name, photograph, videotape, motion picture recording, voice, or likeness, including pre and post event publicity.

The event will be supervised by Rotarian Advisors and Teacher Advisors. Transportation will be provided by parents of the student or Advisor of the student.

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Parent Signature

**When completed, mail/email with completed registration form to Richard Arroyo, 203 Church Ave., Chula Vista, Ca 91910 arroyolaw@att.net**

**Return by September 15, 2019 or ASAP**