

Parent/Guardian Authorizations



New Leaf Collaborative
P.O. Box 131
Martinez, CA 94553

Name of Participating Youth: _____
CSW Site (School Name): _____

Please provide the following information and sign as indicated in each section below.

1. DECLARATION OF LEGAL CUSTODY – I certify that I have legal custody of and responsibility for my child who is participating in the Community Science Workshop ("CSW"). I further certify that – if I have joint custody of this minor – I have notified the other parent or responsible party of his/her participation in the program.

Parent/Guardian Signature: _____ Date: _____

Print name: _____

2. PERMISSION TO TREAT – In the event that reasonable attempts to contact me and the two alternate individuals that I have designated at the phone numbers that I have provided on this form have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by a licensed physician or dentist at any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists (as applicable), concurring in the necessity for such surgery, are obtained before surgery is performed.

Parent/Guardian Signature: _____ Date: _____

3. AUTHORIZATION TO PICK UP YOUR CHILD – I understand that my child will only be released to individuals whom I authorize below. I further understand that these individuals must present a photo ID to pick up my child.

I authorize the following persons to pick up my child (don't forget yourself!)

Student returning to Woodbridge: Yes__ No__

Full Name (please print)

Phone number (w/area code)

Full Name (please print)

Phone number (w/area code)

Full Name (please print)

Phone number (w/area code)

My child may Walk and/or Ride his/her bicycle home.

Parent/Guardian Signature: _____ Date: _____

4. PERMISSION TO PHOTOGRAPH – New Leaf Collaborative is a nonprofit organization. Occasionally, program activities may be photographed or videotaped for educational, publicity, training or fundraising purposes. Please indicate if you will allow your child to appear in videos or photos without compensation (e.g., as part of brochures, slide shows or program websites).

___ Yes, I give my permission.

___ No, my child may not appear in a photograph or videotape.

Parent/Guardian Signature: _____ Date: _____

5. WAIVER AND HOLD HARMLESS – Every effort is made to provide participants with a safe, enjoyable, and memorable experience. I attest and verify that my child is physically able to participate in all activities offered by New Leaf Collaborative’s CSW Program. I understand, however, that there are inherent risks in CSW activities and travel to and from the site, and, knowing the risks, nevertheless, I agree to ASSUME ALL RISKS OF PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITLY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGE TO PERSON OR PROPERTY OR DEATH, sustained while my child participates in, attends, prepares for or travels to and from New Leaf Collaborative’s CSW Program, including the risk of negligence of the New Leaf Collaborative staff, or hidden, latent or obvious defects in the facilities or equipment used.

I agree if any claim for personal injury or wrongful death is commenced against New Leaf Collaborative (including its officers, directors, members and/or volunteers), I will defend, indemnify and hold harmless New Leaf Collaborative from any and all claims or causes of action for personal injuries, property damage or wrongful death that hereafter accrue, arise out of, result from, or are caused directly or indirectly by my child’s attendance at New Leaf Collaborative’s CSW Program.

I have read and I understand this Waiver and Hold Harmless provision.

Signature

Date

Print Name

Address

City

State

Zip

Phone

