

HARC Volunteer Liability and Photo Release for Minors:

Student's Name:

Parent's/Guardian's Name:

By signing this application form, you are agreeing to the following statements:

I am are the parent/guardian of the student named above. By signing below, I:

1. Give permission for the student(s) to participate in the excursions and activities to be held at the HARC Facility;
2. Release HARC and its agents and employees from any and all liability to the student(s) for any injury, damage, or loss that occurs because of the student's participation in the excursion and activity, unless the injury, damage, or loss is caused by the negligence or willful misconduct of the agents and employees;
3. In the event of illness or injury to the student(s), consent to and authorize such medical and dental treatment as may deemed necessary, and agree to pay for such medical and dental costs;
4. Grant to HARC and its representatives and employees the right to take photographs/video of my child as it pertains to HARC and the Seeds4Tomorrow program. I authorize HARC, its assignees and transferees to copyright, use and publish the same in print and/or electronically; and,
5. I agree that HARC may use such photographs/video of my child with or without his or her name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content.

I have read, understand and agree with the above.

Parent Signature (required):

Date: