



THE ROTARY CLUB OF DALLAS

ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

This form is recommended for unit use to obtain approval and consent for high school students, and guests (if applicable) under 21 years of age to participate in a programs or activities of the Rotary Club of Dallas. This form is required for the student(s) participation in the programs or activities by the Rotary Club of Dallas. It is recommended that parents keep a copy of the form and contact the Executive Director in the event of any questions or in case emergency contact is needed. Additional copies of this form along with the volunteer guidelines and protocol are available for download at www.dallasrotary.org/aboutus/volunteerforms

STUDENT INFORMATION		
First Name	Last Name	
Go by Name	Date of Birth (DD/MM/YYYY)	
Mailing Address		
City	State	Zipcode
Main Contact No.	Emergency Contact No.	
Email		
Age during Activity	Approved Activity	<input type="checkbox"/> Camp Enterprise <input type="checkbox"/> DreamTeam Mentoring <input type="checkbox"/> Interact Club
From (enter date)	To (enter date)	

- Without restrictions
- Special considerations or restrictions: _____
- Any known allergies to food or medication: _____

HOLD HARMLESS AGREEMENT

I understand that participation in Rotary Club of Dallas activities involves a certain degree of risk. 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 the Rotary Club of Dallas, 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 the event I cannot be reached, 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.*

Participant's Signature: _____ Date _____

Parent/guardian printed name: _____

Parent/guardian signature: _____ Date _____

