

PILOT Parent/Guardian Release

Student Name _____

Grade _____ School _____ Phone _____

I, the undersigned, am the parent or legal guardian of the child or youth ("Child") named above. As the parent or legal guardian of the Child, I certify and affirm that I have been completely and thoroughly informed that by PILOT events sponsored by the Ames Chamber of Commerce, my child will participate in certain activities associated with philanthropy, inclusion, leadership, opportunity, and teamwork at various sites throughout Story County. I understand there are five PILOT events with varying schedules that will include, but are not limited to, keynote speakers, small group activities, panels, and team-building experiences.

I desire and do consent for my child to participate in PILOT. I consent to allow my child to be responsible for their own transportation, unless otherwise requested.

I hereby grant and authorize the Ames Chamber of Commerce the right to take, edit, publish, distribute and make use of any and all photos and videos taken of my child to be used in and/or for legally promotional materials including, but not limited to, newsletters, flyers, posters, advertisements, fundraising letters, annual reports, and other print and digital communication, without payment or other consideration.

Further, I personally assume, on my child's behalf, all risk in connection with PILOT for any harm, injury, or damages that may befall my child as a result of my child's participation in PILOT, whether foreseen or unforeseen, and I still wish to allow my child to proceed with participation. In consideration of my child being allowed to participate in PILOT, on behalf of my child, and as to myself as parent and legal guardian, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the Ames Chamber of Commerce, its employees and volunteers, contractors from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in PILOT.

In cases of emergency, I further consent to the examination or treatment of my child by a physician duly licensed to practice medicine in the State of Iowa or any health care professional duly licensed to provide health care services in the State of Iowa for medical care and services deemed necessary by the Ames Chamber of Commerce, its employees or volunteers. In the event that it is not possible to acquire the services of a physician or health care provider to diagnose and treat my child based upon the existing circumstances, I also consent to the employees and volunteers of the Ames Chamber of Commerce to use their best judgment, to provide medical assistance until a physician or health care provider can be obtained.

I give permission to the Doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary.

I agree to pay for any and all medical expenses incurred as a result of the use of this consent.

I understand that it is my obligation to inform the Ames Chamber of Commerce of any and all health considerations or medical conditions that would affect or restrict my child's participation in PILOT. I will not allow my child to participate in any specific PILOT events which I know or should know would jeopardize my child's health or safety based upon my child's then-existing medical or health condition or that would subject other children or youth of PILOT to disease or illness.

Should the need for medical attention arise, the Ames Chamber of Commerce will attempt to contact you, as soon as practicable under the circumstances.

Listed below is my child's medical history that may affect or restrict his/her participation in certain activities:

Allergies:

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against the Ames Chamber of Commerce on the basis of any claim from which I have released them herein.

I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I have fully informed myself of the contents of this PARENTAL CONSENT AND RELEASE FOR ALL ACTIVITIES by reading it before I signed it. I warrant that I possess all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

Full Name _____ Phone Number _____

Signature _____ Date _____