



2012 - ROTARY YOUTH LEADERSHIP AWARDS
CONSENT AND MEDICAL RELEASE FORM

NOTE TO DELEGATES AND PARENTS: THIS FORM MUST BE SIGNED AND RETURNED WITH THE RYLA REGISTRATION FORM. NO DELEGATE WILL BE ADMITTED TO THE CONFERENCE IF THIS FORM IS NOT SIGNED AND ON FILE.

I, THE UNDERSIGNED, DO HEREBY GIVE MY CONSENT FOR MY TEEN-AGER,

(PRINT TEEN-AGER'S NAME)

TO PARTICIPATE AS A DELEGATE TO THE RYLA CONFERENCE (February 23 – February 26, 2012).

I DO HEREBY CONSENT AND GRANT PERMISSION TO RYLA, ITS AGENTS OR DULY AUTHORIZED REPRESENTATIVES TO TAKE PHOTOGRAPHS, MOTION PICTURES OR VIDEO TAPES OF MY CHILD AND DO FURTHER CONSENT TO THE PUBLICATION, CIRCULATION, AND BROADCAST OF SAID PHOTOGRAPHS, MOTION PICTURES, VIDEO TAPES OR ANY DUPLICATION OF FACSIMILE THEREOF FOR ANY PURPOSE IT MAY DEEM PROPER. I HEREBY RELINQUISH AND GIVE TO RYLA ALL RIGHTS, TITLES AND INTERESTS I MAY HAVE IN THE FINISHED MOTION PICTURES, VIDEO TAPES, PHOTOGRAPHS, REPRODUCTIONS OR COPIES AND FURTHER WAIVE ANY AND ALL RIGHTS TO APPROVE THE USE OF SUCH AND FURTHER DO WAIVE ANY RIGHT TO COMPENSATION FOR THE PUBLICATION, BROADCAST, OR OTHER USE OF SAID PHOTOGRAPHS, MOTION PICTURES OR VIDEO TAPES.

I ALSO AUTHORIZE Barbara Coggins, RYLA - 2012 Chair, TO SEEK ANY MEDICAL TREATMENT NECESSARY FOR THE PERSON NAMED ABOVE IN THE EVENT OF EMERGENCY ILLNESS OR ACCIDENT.

EVERY EFFORT WILL BE MADE TO CONTACT PARENT OR GUARDIAN PRIOR TO EMERGENCY TREATMENT. PLEASE COMPLETE THE FOLLOWING:

IN CASE OF EMERGENCY, PLEASE CONTACT:

(PRINT NAME OF PARENT OR GUARDIAN)

WORK PHONE: ()

HOME PHONE: ()

CELL PHONE: ()

TEEN-AGER COVERED BY THE FOLLOWING INSURANCE COMPANY:

POLICY NUMBER:

PARENT OR GUARDIAN SIGNATURE:

DATE:

IS THERE ANY ADDITIONAL INFORMATION ABOUT YOUR TEEN'S HEALTH WE NEED TO KNOW? EXPLAIN HERE:

Is your Teen-ager allowed to take Tylenol if needed: YES NO

RETURN THIS FORM WITH THE DELEGATE REGISTRATION FORM TO THE PERSON FROM WHOM YOUR TEEN-AGER RECEIVED IT.