

Rotary
Districts 5340, 5330, 5320,
5300, 5280, 5240, 5050



WORLD PEACE
CONFERENCE 2020



www.peaceconference2020.org

Medical and Liability Release Form

**Interact World Peace Conference
Saturday, January 18, 2020**

MUST BE COMPLETED FOR ALL STUDENTS

Print Clearly, Sign and Email to: District5330.Interact@gmail.com

Student's Name: _____

Address: _____ City: _____ Zip: _____

Parent or Guardian: _____ Relationship _____

Home Phone: _____ Cell: _____

Other Emergency Contact: _____ Phone: _____

Medical Insurance Provider _____ Policy Number _____

Insured's Name _____

Medical Transportation, Activity and Photo Release

I give permission to Rotary District 5330, 5320, 5340, 5300, 5240, 5050, 5495 and 5280, World Peace Conference 2020, Rotary International, Radisson Ontario Airport, Rise Against Hunger, Solutions for Peace Foundation, and its agents to select transportation to a medical provider who may provide proper treatment for, hospitalization of, order injections, X-ray examinations, anesthesia or surgery for my child as named above. The above named agent is authorized to make medical decisions concerning the health and welfare of my child.

I voluntarily elect to allow the above named to participate in activities and assume the risk of injury or harm that could result from participation. On my own behalf and that of my personal representatives and heirs, I hereby release Rotary District 5330, 5320, 5340, 5300, 5240, 5050, 5495 and 5280, World Peace Conference 2020, Rotary International, Gateway Ontario Airport, Rise Against Hunger, Solutions for Peace Foundation, its officers, employees and agents from all liability from any injury or harm to my child (or minor) from participating in any activity at the World INTERACT conference at the Gateway Hotel, whether the injury or harm is caused by accident or by negligence or otherwise.

I hereby agree that Rotary District 5330, 5320, 5340, 5300, 5240, 5050, 5495 and 5280, World Peace Conference 2020, Rotary International and Solutions for Peace Foundation may use any type of audio and/or visual records of this program for its promotional and/or commercial purposes without compensation.

I have read, understand, and agree to the above. My child may participate in any activity except as I have noted on the reverse side of this form.

Parent/Guardian Signature:

Date _____