

Rotary Youth Leadership Awards
March 7 – 10, 2024
Rotary District 6960
Hold Harmless and Media Permission Agreement

I understand that participation in the activities involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived, after carefully considering the risk involved, and in view of the fact that the Rotary Youth Leadership Awards program of Rotary International /District 6960 are groups in which membership is voluntary, I have carefully considered the risk involved and have given consent for myself (or my son or daughter) to participate in the activity, and waive all claims I or we may have against Rotary International, District 6960, the District RYLA Committee, & Lake Placid Conference Center, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activities.

I am not under the influence of any chemical substance, including alcohol. Understanding that any physical activity involves a risk of injury, I understand that my participation in the activity is voluntary. I release Rotary International, District 6960, the District RYLA Committee, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activities from any and all claims or liability arising out of this participation. This release does not, however, apply to any harm caused by negligence or willful misconduct of Rotary District 6960, & Lake Placid Conference Center or other individuals involved in organizing the event.

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 physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Signature of Delegate: _____

Signature of Parent: _____

YES / NO I give my permission for my son or daughter's picture (headshot) to be included in a **RYLA 2024 Directory**, which may be produced and distributed to attendees of the leadership weekend as well as the Rotary Clubs that sponsored the RYLA Delegate. I, also, give my permission for my son or daughter's contact information and a brief bio to be included in the RYLA 2023 Directory.

YES / NO I give my permission for my son or daughter, to be photographed and/or videotaped by the media and representatives of Rotary District 6960 in conjunction with activities associated with Rotary International, Rotary Youth Leadership Awards program. *I hereby transfer to Rotary District 6960 all copyright and other interests in photographs and/or videotape taken on between March 7 – 10, 2024. I also hereby grant royalty-free permission, including nonexclusive world rights in all languages, to reproduce in all formats including but not limited to print, electronic, and/or CD / DVD media, to reproduce and include my son's or daughter's likeness for promotional purposes of Rotary International, Rotary Youth Leadership Awards program.**

Signature of Parent: _____

** Rotary District 6960 is planning to take photographs and video of individuals and activities during the RYLA weekend event. We are hoping to produce print and video materials that we will use to promote RYLA in our District and throughout the Rotary world. In order to create such a production we need your permission to take the photographs prior to the event. We may also give each student a Directory with bio information on the weekend's participants so that the RYLA Delegate can stay connected after the event.*