



Simi Valley Box City

**Parent/Guardian Permission & Release Form
& Designation of Chaperone for participants under 18 years of age
Due by 4/30/11**

Please Mail to Box City c/o Rotary Club of Simi Valley Attn: M. Baxter
P.O Box 524, Simi Valley Ca. 93062

I hereby grant for my son or daughter, _____ to participate Saturday, May 21 at 3:00 pm-Sunday May 22 at 7:00 am in the Box City Event at St. Peter Claver Catholic Church at the corner of Los Angeles & Stow in Simi Valley.

I agree to chaperone and be responsible for my child for this event, or I hereby appoint _____ as my designated chaperone, to whom I grant full responsibility.

I agree that supervisory personnel may obtain such medical services for my son/daughter, as they in their sole discretion, deem necessary. I agree that any licensed physician chosen by the supervisory personnel may render such medical testing, exam, and treatment as is necessary and appropriate. I further agree to be responsible for, and pay such fees and costs to be incurred for such testing, examination and treatment.

I agree to release, hold harmless and defend the Rotary Club, their members, their agents and the volunteers for the Box City Event from all liabilities for damages which may accrue to my son/daughter, except those liabilities which may arise out of the actively negligent acts or omissions of any Rotary club member or agent. This release is given with knowledge of California Civil Code sec. 1542 which provides as follows, "A general release does not extend to claims which the creditor does not know or suspect to exist this favor at the time of executing the release, which is known to him must have materially affected his settlement with the doctor."

I hereby waive the protections of section 1542 in executing this permission and release.

Participant/ Parent Agreement

I agree to stay on designated church premises for the entire event, and to adhere to good behavior with respect to all in attendance. I will bring necessary items, but limited electronics (cell phone ok). I, the parent agree to pick up my son/daughter in case of unacceptable behavior.

Participant _____ **Date** _____

Parent/Guardian _____ **Date** _____

Child's Name _____

Telephone (H) _____ **(W)** _____ **(C)** _____

Doctor's Name _____ **Phone #** _____

Insurance Information _____

Medical Information _____

Designated Chaperone (if applicable) _____

Address _____ **Phone** _____

