Safe Harbor Cohasset Coalition Youth Ambassador Program

Parent/Guardian Waivers

To Be Completed by Parent or Guardian

Print Parent/Guardian Name: ______________________________________________

Print Student’s full name : ______________________________________________

LIABILITY WAIVER:

I agree to allow my son/daughter to participate in the Youth Ambassador Program. I understand that many activities could result in injury during events or during transportation to and from events. I agree to waive any liability or right of civil action against Safe Harbor Cohasset Coalition, Youth Ambassador Program, all Safe Harbor Cohasset Coalition partnerships, and any of the associated staff, volunteers, sponsors or other agents of the Youth Ambassador Program for any negligence or acts or omissions that are related to my son/daughter’s participation in any Youth Ambassador Program related activity. In the event of an emergency where I cannot be reached, I give my permission for the adult staff of Safe Harbor Cohasset Coalition to act on my behalf in requesting emergency medical care for my son/daughter.

____________________________________    __________________________
Parent/Guardian Signature                  Date

COMPREHENSIVE MEDIA WAIVER:

I understand that Youth Ambassador Program and Safe Harbor Cohasset Coalition activities frequently result in media coverage. I agree to allow my child’s photo or statements to reporters to be used in any news account, press release, or media report on Youth Ambassador Program activities; whether TV, radio or print. My child may volunteer to participate in the production of any radio or video or TV PSA or media appearance associated with Youth Ambassador Program. My child’s photo may appear on the Safe Harbor Cohasset Coalition web site and associations/partnerships of Safe Harbor Cohasset Coalition and he or she may participate in videos produced by Safe Harbor Cohasset Coalition and all other associations and partnerships. I understand that the Youth Ambassador Program retains ownership and use rights for these media productions and no compensation is provided. I waive and release for myself and my minor children all rights and claims for compensation or damages for such use of these audio, visual and/or written materials.

____________________________________    __________________________
Parent/Guardian Signature                  Date
SAFE HARBOR COHASSET COALITION
YOUTH AMBASSADOR PROGRAM ACTIVITIES PERMISSION SLIP
ACADEMIC YEAR 2020-21

I, ________________________________________________________________________________, declare by signing this form that I am the legal parent/guardian of ____________________________________________________________________________, minor child and student (hereinafter "student") of the Safe Harbor Cohasset Coalition Youth Ambassador Program and am authorized to grant permission for the activity planned by the program.

I hereby authorize student to participate in off-location field trips and all related activities. Student has my permission to ride in the car of an adult volunteer, driven by that adult.

RELEASE AND HOLD HARMLESS AGREEMENT

I hereby consent to participation by student in the special events planned by the program, I understand that these events will take place away from regular program location and that student will be under the supervision of the designated employees and volunteers on the stated dates. I further consent to the conditions stated above on participation in these events, including the method of transportation.

In consideration of student being allowed to participate in programs and special events, I agree to release and hold harmless the Safe Harbor Cohasset Coalition, any and all affiliated organizations, their employees, agents and representatives, including volunteer and other drivers from any and all claims arising from or relating to student’s participation. This Release and Hold Harmless Agreement does not apply to claims or intentional misconduct or gross negligence.

____________________________________________________________
Print Name of Parent/Legal Guardian

___________________________________________________________
__________________________  ______________________________
Signature of Parent/Legal Guardian  Date

Please return completed form via email to cohassetyouthambassadors@gmail.com