



# EDUCATORS RISING

## PARENT/GUARDIAN CONSENT AND RELEASE FROM LIABILITY FORM

Event Name: 2020 Educators Rising National Conference

Event Location: Marriott Marquis (Washington, DC)

Event Dates: June 17–21, 2020

Educators Rising is a division of Phi Delta Kappa International, Inc. (PDK), a nonprofit organization with a mission to cultivate highly skilled educators by guiding young people on a path to becoming accomplished teachers, beginning in high school and extending through college and into the profession. Educators Rising invites the participation of students in the 2020 Educators Rising National Conference. Completion of this form by a parent/guardian (Part I) is required for all student participants. Part II must also be completed by student participants 18 years old and older.

### PART I- COMPLETED BY PARENT OR GUARDIAN

Student's Name: \_\_\_\_\_

1. I hereby warrant that I am the parent/guardian of the student named above, age \_\_\_\_\_ ("The student") and hereby consent to his/her participation in the 2020 Educators Rising National Conference (the "Program"), to be held at the Marriott Marquis in Washington, DC, on June 17-21, 2020. I understand that the Program is not run by the Marriott Marquis Washington.
2. I understand, recognize, and acknowledge that this Program involves activities that may include the risk of accident, death, illness, physical or mental injuries, and property damage. It is my responsibility to ask questions about any aspect of Program activities that has not been explained to my satisfaction.
3. I authorize the student to travel with \_\_\_\_\_ who will act as the responsible adult chaperone for the student (the "Chaperone"). I understand that PDK will not supervise or chaperone the student, and that this is the responsibility of the respective Chaperone that accompanies the student. I hereby voluntarily assume any and all risks, including injury to person and property, related to the student's participation in the Program. I authorize medical treatment for the student if there is a medical emergency during the Program.
3. In consideration of Educators Rising allowing the student to participate in the Program, I, on behalf of myself, the student, and anyone claiming on behalf of me or the student, hereby waive, release, and forever discharge PDK and its divisions, including Educators Rising, and their departments, officers, directors, board members, representatives, agents, affiliates, partners, contractors, volunteers, and employees (each an "Indemnified Party") from any and all claims, liabilities, obligations, losses, demands, causes of action, judgments, damages, expenses, and costs (including attorneys' fees), including but not limited to claims of negligence, on account of personal injury, bodily injury, property damage, death, or accident of any kind (herein collectively "Claims") sustained by the student that arises out of or is related in any way to his/her participation in the Program which I may now or hereafter have and which the student has or hereafter may acquire, either before or after reaching majority. I further agree to defend, indemnify, and hold harmless PDK and each Indemnified Party from and against any and all such Claims by third parties arising out of or by reason of any activities relating to the Program or his/her participation in the Program.
4. PDK has my permission to use the student's photograph, image, or video and name to promote, market, and educate the public about PDK, and its programs, activities, causes, and mission. I understand that images and videos captured during the Program may be used in any form whatsoever, including in print publications, in online publications, in presentations, on websites, and on social media. I grant PDK and its divisions permission to use the student's image and/or video free of charge anywhere in the world and understand that I have no right to approve or inspect the images or videos.

5. In signing this Parent/Guardian Consent and Release from Liability Form, I hereby acknowledge that I have read this entire document, that I understand its terms, that I have signed it knowingly and voluntarily, and that I intend it to bind me, the student, and anyone claiming on behalf of me or the student.
6. I further acknowledge that I am the parent or legal guardian of the student identified above, with legal authority to sign this document.

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

**[STOP here if the student participant is under the age of 18. If the student participant is 18 years or older, the student participant must complete Part II.]**

**PART II- COMPLETED BY STUDENT 18 YEARS OR OLDER**

Student's Name: \_\_\_\_\_

1. I hereby warrant that I am the student named above, age \_\_\_\_\_ and will be participating in the 2020 Educators Rising National Conference (the "Program"), to be held at the Marriott Marquis in Washington, DC, on June 17-21, 2020. I understand that the Program is not run by the Marriott Marquis Washington.
2. I understand, recognize, and acknowledge that this Program involves activities that may include the risk of accident, death, illness, physical or mental injuries, and property damage. It is my responsibility to ask questions about any aspect of Program activities that has not been explained to my satisfaction.
3. I intend to travel with \_\_\_\_\_ who will act as the responsible adult chaperone for me (the "Chaperone"). I understand that PDK will not supervise or chaperone me, and that this is the responsibility of the respective Chaperone that accompanies me. I hereby voluntarily assume any and all risks, including injury to person and property, related to my participation in the Program. I authorize medical treatment for myself if there is a medical emergency during the Program.
3. In consideration of Educators Rising allowing me to participate in the Program, I, on behalf of myself, and anyone claiming on behalf of me, hereby waive, release, and forever discharge PDK and its divisions, including Educators Rising, and their departments, officers, directors, board members, representatives, agents, affiliates, partners, contractors, volunteers, and employees (each an "Indemnified Party") from any and all claims, liabilities, obligations, losses, demands, causes of action, judgments, damages, expenses, and costs (including attorneys' fees), including but not limited to claims of negligence, on account of personal injury,

bodily injury, property damage, death, or accident of any kind (herein collectively "Claims") sustained by me that arises out of or is related in any way to my participation in the Program which I may now or hereafter have and which I have or hereafter may acquire. I further agree to defend, indemnify, and hold harmless PDK and each Indemnified Party from and against any and all such Claims by third parties arising out of or by reason of any activities relating to the Program or my participation in the Program.

4. PDK has my permission to use my photograph, image, or video and name to promote, market, and educate the public about PDK, and its programs, activities, causes, and mission. I understand that images and videos captured during the Program may be used in any form whatsoever, including in print publications, in online publications, in presentations, on websites, and on social media. I grant PDK and its divisions permission to use my image and/or video free of charge anywhere in the world and understand that I have no right to approve or inspect the images or videos.
5. In signing this Consent and Release from Liability Form, I hereby acknowledge that I have read this entire document, that I understand its terms, that I have signed it knowingly and voluntarily, and that I intend it to bind me, and anyone claiming on behalf of me.
6. I further acknowledge that I am the student identified above, with legal authority to sign this document.

Signature of Student: \_\_\_\_\_

Printed Name of Student: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_