



Rotary Youth Leadership Award
 District 5300, Rotary International
 Rotary Waiver March 2 – 4, 2012

Fax completed form to 1-800-293-1055

Please print legibly or type -Please complete ALL items

AUTHORIZATION:

I do voluntarily consent to participation in all activities of the Rotary Youth Leadership Awards to be held at the Astro Camp in Idyllwild, California on March 2-4, 2012.

I assume responsibility for any medical or treatment/transport fees or costs incurred directly or indirectly because of participation. I also authorize the representative(s) of Rotary International to arrange for professional care and treatment in case of medical emergency. I hereby give permission to the physician selected by the Rotarian(s) to hospitalize, secure professional treatment for and/or to order injections, anesthesia and/or surgery.

Initials: _____

In consideration of the Rotary Club, RI Districts and Guided Discoveries, Inc., I hereby assume the risk associated with participation & agree to hold the Rotary Club, RI Districts & Guided Discoveries, Inc., its committees, employees, agents, representatives, & volunteers harmless from any & all liabilities, actions, causes of action, claims or demand of any kind & nature whatsoever which may arise by or in connection with my activities related to the Rotary Youth Leadership Awards.

The terms here shall serve as a Release & the assumption of the risk for his or her heirs, estate, executor, administrator, & assignees as well as members of my family.

Initials: _____.

I also take full responsibility for any valuables that I bring to this camp and give permission for Rotary to post pictures of my participation in this event in Rotary publications including on its WEB site. A photocopy of this form is as valid as the original.

Applicant's Name:	Signature:	Date:
Rotary Club:		
Emergency Contact Name:	Phone:	Relationship: