Event Waiver

2017 Fall Global Vision Summit: Food Security

Waiakea High School, Library

Saturday, December 16, 2017 1:00-4:00pm

PLEASE PRINT CLEARLY

Name _____ School & Chaperone _____

Email address _____

Send a picture or scanned copy of this form to hs@paachawaii.org by **Wednesday, December 13**. Bring the original with you to the event. For more information, contact Jason Shon, PAAC High School Program Director, at (808) 944-7759

Student Waiver Form

While participating in PAAC activities, behavior consistent with PAAC's goals and image is expected. All students are expected to follow the school rules outlined in Chapter 19 concerning student conduct and general behavior by the Hawaii State Department of Education. Failure to do so will result in your being sent home, potentially at your own expense.

I understand the above conditions and agree to abide by them. _____
Student Signature

Approval of Parent or Guardian and Waiver of Claims

I hereby approve the participation of _____ (name of child) in PAAC's statewide high school program. I understand that the PAAC staff will provide information regarding each activity to my child via the PAAC Club advisor or After-School Class teacher in his/her school. It is the responsibility of my child to inform me of the dates and venues of these events.

I expressly waive any and all claims against the Pacific and Asian Affairs Council (PAAC) and the Department of Education (DOE), their respective board members, employees, agents, representatives and successors, arising from or in connection with any accident, injury, illness, or other damage that may be incurred by the aforementioned student or said person's property in connection with or incident to his/her attendance at PAAC events, including travel to and from PAAC activities.

Emergency Medical Authorization

In case of emergency, please call: _____ (name)

_____ (relationship to student) _____ (phone #)

I hereby authorize the medical treatment of the student named above by any licensed physician in the event of a medical emergency. He/she is covered by the following health plan/insurance company:

Company/Plan Name:_____ Account # _____

Photograph and Media Waiver

I consent to allow photographs of my child participating in PAAC activities be used for publicity or grant reporting purposes (for example, on the PAAC web page or in annual reports). I understand that newspaper or television media may be present at this event. I give permission for my child to appear in the newspaper or on television.

Parent/Guardian Signature:_____ Date:_____