



Save The Bay Center
100 Save The Bay Drive
Providence, RI 02905

P: 401-272-3540
F: 401-273-7153
SAVEBAY.ORG

PARENTAL CONSENT TO PARTICIPATE IN SAVE THE BAY'S EDUCATION PROGRAM

PLEASE FILL OUT BOTH SIDES

School/Organization

School/Organization Name: _____

Program Date: _____

Student Name: _____ Age: _____

Grade: _____

Street Address: _____ Town: _____

State: _____ Zip: _____

In Case of Emergency

Notify: _____ Relation to participant: _____

Phone number: _____

Medical considerations

Allergies/Reactions: _____

Medical Conditions: _____

Current Medications: _____

Please read carefully- AUTHORIZATION AND RELEASE:

I have read this Consent to Participate and understand by signing it I am allowing my child or ward (Child) to participate in a Save The Bay field educational program. I agree, and hereby allow my Child to be included in Save The Bay's education program. I understand that certain risks and hazards are inherent in the activities associated with the education program and on rare occasions an accident can result in death or serious injury. It is understood that my Child will be asked to follow instructions and directions given by Save The Bay staff members. I hereby knowingly and voluntarily assume all risks of any and all injury or harm to my Child arising from this participation in the program. I do hereby voluntarily release, discharge, waive, and relinquish any and all actions or causes of action for personal injury, property damage or wrongful death occurring to my Child, arising as a result of their participation in the education program. I further agree to indemnify and hold Save The Bay, its employees, board and board committee members, officers, volunteers, sponsors, agents, successors and assigns (the "released parties") harmless and free of any liability in the event of accident, injury, or personal loss, including but not limited to loss resulting from any negligence, whether contributory or sole, and whether passive or active, of any released party or any other person or entity or from the condition or use of the property. I have printed a copy of this Consent to Participate form for my own records or will be provided with a copy if requested.

I consent for my Child/Ward to participate in Save The Bay's education program.

Parent's/Guardian's Name, Parent's/Guardian's Signature

Date



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PLEASE READ CAREFULLY

RIGHT TO USE IMAGE. I irrevocably give, grant, and convey to Save The Bay, its successors, agents, and assigns, without compensation to me, or my Child/Ward, the absolute right and unrestricted permission to copyright and/or use and/or publish; (1) my image or my Child's/Ward's image or likeness on videotape or digital imaging, and (2) photographic pictures of me or my Child/Ward, made through any media, in connection with photos or videotape taken of me or my Child/Ward for any legal purpose whatsoever, including but not limited to the promotion of Save The Bay. I further waive any right that I or my Child/Ward may have to inspect or approve the finished product. The videotape, photographs, and negatives will be the sole property of Save The Bay. I have read the foregoing and fully understand its contents.

CHECK AND SIGN ONE ONLY (A) or (B)

(A) CHECK IF YOU WANT TO ALLOW YOUR CHILD/WARD TO BE VIDEOTAPED AND/OR PHOTOGRAPHED DURING THIS PROGRAM AND TO GIVE CONSENT FOR THE PHOTOGRAPHIC OR VIDEO IMAGES TO BE USED ON SOCIAL MEDIA OR OTHER PUBLICATIONS, FOR PRESENTATIONS ON SAVE THE BAY'S WEBSITE AND OTHER PROMOTIONAL MATERIALS, AND ACKNOWLEDGE THAT SUCH IMAGES OR VIDEOS WILL BE THE SOLE PROPERTY OF SAVE THE BAY:

Signature of parent or guardian: _____

Date: _____

OR

(B) CHECK IF YOU DO NOT WANT YOUR CHILD'S/WARD'S NAME OR IMAGE TO BE USED AS STATED ABOVE AND NOTIFY THE SAVE THE BAY STAFF AND/OR A LEADER OF THE SCHOOL THAT YOU DO NOT WANT HIS OR HER IMAGE TO BE USED.

Signature of parent or guardian: _____

Date: _____