



Global Youth Leadership Institute

135 N 76th Street
Milwaukee WI 53213 www.gyli.org

Parents' Authorization/Indemnification/Photo Release Agreement

Student Expectations

2010 Middle School Leadership Institute – Corte Madera, CA

Purpose of this form:

1) to confirm that the student whose parents/guardians sign the form is permitted to take part in the Middle School Leadership Institute (MSLI) 2) to state the agreement of the student's family and Global Youth Leadership Institute (GYLI) as to the allocation of the risks of student's travel to and in Corte Madera, CA, living away from home during the institute in an unfamiliar location; and participating in the activities which make up the MSLI; 3) to confirm that GYLI has parental authorization to obtain emergency medical care for the student, should such care become necessary; 4) to authorize GYLI to capture and store images of participants; and 5) to agree between students, parents, and GYLI regarding student expectations during the MSLI.

Please read the language of all **FIVE PROVISIONS** carefully and do not hesitate to call Matt Nink, GYLI Director (414) 397-1159 if you have questions. It will not be possible for your child to participate in the 2010 Middle School Leadership Institute unless this form is returned with **signatures at all FIVE REQUIRED locations**.

1. Parental Permission to Participate

As a custodial parent/guardian of _____ (please print student's name), grade _____ (please provide the child's grade), I have given her/him my permission to participate in the 2010 Middle School Leadership Institute. Before signing this permission form, I had the opportunity to satisfy myself as to adequacy and safety of the arrangements for the MSLI. I am familiar with the mental and physical health of my child ward and his/her ability to travel to unfamiliar places and be exposed to people of different ethnic, cultural, and linguistic backgrounds. My permission for my child to participate is based upon my belief that she/he has the maturity and self-confidence to be able to respond appropriately to the challenges which he/she will encounter during the MSLI, as they have been described in the printed materials which I have been given.

Please PRINT Parent/Guardian Name _____

Signature of Parent/Guardian _____ **Date** _____

2. Parental Risk Sharing and Indemnification Agreement

I recognize that there are risks to my child's person and property involved in air travel, surface transport, sleeping in tents, and staying in an unfamiliar setting. I also understand that GYLI could not afford to offer the 2010 Middle School Leadership Institute if it were required to bear the sole financial responsibility for those risks. Therefore, in order to induce the faculty and staff to make the 2010 Middle School Leadership Institute available to my child/ward, I agree to share the risk of loss arising from injury to my child/ward and/or her/his property with GYLI by entering into this indemnification agreement in which I accept responsibility for all losses, except those caused exclusively by the negligence of GYLI and/or its agents.

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I have reviewed the plans for the Middle School Leadership Institute and recognize that use of regularly scheduled airlines or other vehicles to provide transportation between our home and Corte Madera, CA involves risks to person and property, which may include serious injury and death, and I agree to accept those risks. From my review of the plans for the 2010 MSLI, I am aware that my child/ward will also be exposed to the risks of surface travel and I accept the responsibility for those risks. I have reviewed the arrangements for the MSLI and understand that my child will be staying in tents with other students; and I accept the risk that injury may occur to my child while staying there. I have also reviewed the description of the day to day activities which will take place during the MSLI and recognize that attending an institute in Corte Madera, CA and its surroundings will expose my child/ward to the risks inherent in those activities. I am willing to accept responsibility for those risks.

On the basis of my review of the plans for the 2010 Middle School Leadership Institute, and to induce the faculty and staff to allow my child/ward to participate in the GYLI, I, in my capacity as parent/guardian of _____ (please print the student's name), and for myself and my heirs, successors and assigns, agree to indemnify GYLI and its trustees, officers, employees and agents (the "Indemnities") for any sums of money for which the Indemnities may become liable as a result of any claim, suit or cause of action which I or my heirs, legal representatives, successors and assigns or my child/ward may have, now or in the future, arising out of my child/ward's participation in the 2010 Middle School Leadership Institute, unless the claim, suit or cause of action arises solely and exclusively from the negligence of the indemnities, which I have not waived or released by signing this form.

I have read all of this Parental Risk Sharing and Indemnification Agreement, and I have satisfied myself that I understand what it means.

Signature of Parent/Guardian _____ **Date** _____

3. Medical Treatment Authorization

As the parent or guardian of _____ (please print the name of the student), a student participating in the 2010 Middle School Leadership Institute, I authorize physicians and / or other medical personnel, at the direction of GYLI or my child's chaperone to provide medical care to my child/ward while he/she is away from home and participating in the MSLI, including examining, treating and prescribing medications for her/his care. I understand that the faculty and staff and/ or the chaperone will, to the greatest extent possible, consult with me concerning the reasons for and effects of all such care. Recognizing that it may be impossible to reach me in situations in which the physicians treating my child/ward believe that beginning treatment is medically necessary, I authorize GYLI or the chaperone to permit commencement of treatment when, in the professional judgment of the physicians or medical personnel involved, such treatment is medically necessary, even if I/we have not yet been consulted. In authorizing such emergency treatment, I agree to accept the determination of the treating physician or surgeon that the treatment or examination rendered was medically necessary to protect the life, health or mental well-being of my child/ward. I give this authorization on the condition that the treating physician will attempt to contact me, if at all possible, before the treatment or examination is rendered.

Signature of Parent/Guardian _____ **Date** _____

Please list any medical needs or allergies _____

Please list any dietary needs _____

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4. Photographic Release

I, as the parent/guardian of the student listed above at the hereby give GYLI or its designee the right to take and store photographs or otherwise reproduce my son's/daughter's or ward's countenance or image electronically, digitally or manually for the purpose of promoting or otherwise explaining the Global Youth Leadership Institute programs.

This personally identifiable image may not be altered or reconstituted so as to cause the student or his/her parent or guardian any embarrassment. This image or photograph is being taken for promotional use only and is under no circumstances to be used for personal profit or gain.

A copy of the image as finally used shall be made available to the student/parent/guardian upon request.

Signature:

Parent/Guardian: _____ **Date** _____

5. Student Expectations:

I, as a student participant in the 2010 Middle School Leadership Institute (MSLI) understand my responsibilities to Global Youth Leadership Institute (GYLI), my school and state and federal laws. Thus I will not possess, transport or consume or be under the influence of tobacco, alcohol, or illegal drugs, at any time during the 2010 MSLI or in the travel to and from this Institute. Nor will I be in the presence of any other student who commits these acts. I will follow rules, curfews and guidelines as directed by GYLI staff and my chaperone(s). I understand that if I violate these expectations, I may be disciplined by my school, sent home from the Institute at my own expense, banned from future GYLI programs, or face criminal prosecution.

Student Signature _____ **Date** _____

Parent Signature _____ **Date** _____