

Empowered Young Environmentalist Summit 2019

Liability Release Form

By signing this liability form, each participant agrees to abide by the rules of Greening Forward (GF), the New York City Department of Education (NYCDOE), and the Urban Assembly School for Green Careers (UAGC). These rules are established for participants' safety, as well as for that of other students, faculty, and staff of these venues. Rules will be enforced by the GF staff. Every student participating in EYES 2019 must sign and email a copy of this form to GF before attending the conference on the 29th and 30th of March. Please email a signed form to jacob@greeningforward.org. Students without a completed release form on file prior to EYES 2019 will not be permitted to participate in conference activities.

I, _____ (your full name) hereby indemnify and hold harmless, to the fullest extent permitted by law, the Empowered Young Environmentalists Summit ("EYES 2019") and Greening Forward ("GF"), and their directors, staff, volunteers, and any agents from and against any and all claims, liabilities, losses, costs, or obligations including, but not limited to, attorneys' fees and expenses, which may arise out of my travelling to, participating in, or returning from EYES 2019, but excluding liability for injury, death, or damage caused solely by gross negligence of EYES 2019 and Greening Forward. I take full personal responsibility for all charges and damages to my accommodation and transportation. I also declare that I have read, understood, and will adhere to the Terms and Conditions of EYES 2019, and will adhere to the applicable laws of the State of New York, the United States of America, and any other pertinent laws or regulations in force at the conference location. I declare that I will adhere to any additional rules set by EYES 2019 before and during the conference. I give my consent to be photographed, videotaped, and/or interviewed by EYES 2019 for said photographs, videos, and interviews to be used by EYES 2019 in any manner of their choosing. I do voluntarily authorize EYES 2019 staff to obtain emergency diagnostic procedures and/or emergency medical treatment for the above named person as deemed necessary in good medical judgement. I understand that refunds or other considerations will not be granted for any reason except as provided by EYES 2019 policy and procedure, and I agree that I may be expelled from the conference at any time for violating this agreement with no expectation of refund. I agree that this agreement is enforceable to the fullest extent of the law, and that any provisions herein found invalid will be deemed severable from the balance of the agreement.

_____ Signature of Participant	_____ Print Name	_____ Date
_____ Signature of Parent/Guardian(If under 18)	_____ Print Name	_____ Date