



PERMISSION SLIP

I hereby give my permission for my child (name) _____ to participate in:

Gilroy Gardens Job Shadow Day: Thursday, June 15 9:00 AM-2:00 PM

In the event of an injury or other emergency, I authorize Gilroy Gardens and/or Gilroy Chamber of Commerce authorities to call or take my child to a licensed physician or first aid station for medical treatment as deemed necessary. I agree to incur all financial liabilities required if care becomes necessary. I understand that Gilroy Gardens and/or Gilroy Chamber of Commerce will contact me before care is needed, but in the event I am unavailable, care will be sought without my immediate consent.

I understand that I hold the Gilroy Gardens and/or Gilroy Chamber of Commerce, its officers, agents, and employees, harmless from any and all liability or claims, which may arise out of, or occur, in connection with my child's participation in this activity.

CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT

Photographs and videos will be taken at the event for future promotional use, and some photos/videos may capture my child's participation, directly or indirectly. By allowing my child to attend this event, I am consenting to my child's participation in interviews, the use of quotes, and the taking of photographs or videos of my child. I also grant the right to edit, use, and reuse said products for use in print, and other forms of media.

I understand that I hold Gilroy Gardens, Gilroy Chamber of Commerce, their officers, agents, and employees, harmless from any and all liability or claims which may arise out of, or occur, in connection with my child's participation in this activity.

I have read and understand the above.

Signature of Parent or Guardian

Student Signature

Date

Emergency contact phone # for the day

Family Health Insurance Carrier

Policy number

Primary language spoken in household

This form must be signed by a parent or guardian and all students. Complete one form per participant.