

**Wilton Youth Council Participation Waiver and
Personal Information Collection Consent for
2022/2023 School Year Events**

Participant Name (Please Print): _____

In consideration of being allowed to participate in the programs, related events (including online events) and activities of Wilton Youth Council, Inc. (including events sponsored by any group associated with Wilton Youth Council, Inc. including GoZen!, PeerConnection, Youth to Youth, Class Projects, and Post Graduation Party, collectively "WYC") the undersigned acknowledge, appreciate, and agree that:

1. The risk of illness or injury from the activities involved in any event or program is significant, including the potential for hospitalization, permanent paralysis and death. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENT ACT OR FAILURE TO ACT OF THE RELEASEES and I assume full responsibility for my participation.

2. I willingly agree to comply with the WYC rules and other terms and conditions for participation ("Rules") which for online events include without limitation, the Wilton Board of Education's Student Responsible Use Policy and Regulation for Use of District Technology (the "Policy"). If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such hazard to the attention of the nearest chaperone immediately. I understand that any failure to follow the Rules or the Policy will end my participation in the event and return transportation, if required, will be at my own expense. In addition, for online events, Participants understand and agree that WYC (or any other sponsor of any WYC online program):

a. will be using open access third party meeting software like ZOOM;

b. is not responsible for any image any other person including any other participant may include in their background or foreground while they are participating in a program or event; and

c. will not have the same technical capability as the Wilton Board of Education to adhere to the control, monitoring and the access right protections described in the *Applicable Standards for Use of District Technology Resources* section of that Policy.

3. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS WYC, any of their officers, employees, volunteers, agents and/or any Town of Wilton or Wilton Public School employees or any other participant in the program (collectively RELEASEES), from any and all claims, demands, losses, and liability (including attorney's fees and costs) arising out of or related to any ILLNESS, INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENT ACT OR FAILURE TO ACT OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

4. In the event of an illness or injury requiring medical attention, I hereby grant permission to the chaperones and volunteers at the program or event to seek emergency medical attention without further consent from me or my parent(s) or guardian and I understand and agree that I shall be responsible for all associated medical costs and related expenses.

Consent to use personally identifiable information for online events:

Participants understand and agree that certain of their personally identifiable information may be collected by WYC (including by its meeting software vendor) prior to or during the online program or event. Personally identifiable information may include first name, last name, age, log on ID, username, password, email address, visual image, and other similar information.

I hereby consent to the collection and use of my personally identifiable information by WYC and its agents related to my participation in the online program or event.

Opt out of permission to be part of online events

Permission to be part of media coverage/use of any student images:

I grant to WYC and to any volunteer or paid person acting on behalf of any WYC organization at any of the events sponsored by any of these organizations, the right to take and use photographs or video of me in conjunction with any such event.

I understand and agree that WYC or its agent, including a software vendor engaged by WYC:

- is the sole owner of all unrestricted rights to the images of me taken in conjunction with any event sponsored by any of WYC and shall have unrestricted global usage rights,
- may use all images of me taken at any event sponsored by any of WYC with or without my name and for any lawful purpose, including for example such purposes as publicity, attracting new members, illustration, advertising, or promotion on any website, social media or media coverage in any media, and
- may dispose of any images of me without notice to me.

Opt out of permission to be part of media coverage/use of any student images

I HAVE READ THIS PARTICIPATION WAIVER WHICH INCLUDES A RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
Participant's Signature Age Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER 18 AT TIME OF REGISTRATION)

This is to certify that I, as the parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incident to my minor child's participation in the programs or events of Wilton Youth Council including on line events, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law. I expressly agree that I have been notified that the collection of personally identifiable information including images of my minor age child may occur during participation in the Wilton Youth Council programs or events (including online events) and I hereby expressly consent to such collection and use by Wilton Youth Council (and any agent including a third party software vendor used by it). I understand I may revoke this consent in writing for the collection of personally identifiable information including images of my minor age child at any time.

X _____
Parent/Guardian Signature Date

E-mail: _____ Phone: _____

EmergencyContact/PhoneNumber(s): _____

Address: _____

Health Insurance Carrier: _____ Insurance Membership Number: _____

ADDITIONAL PARTICIPANT HEALTH INFORMATION YOU WISH TO PROVIDE ON A NON-CONFIDENTIAL BASIS:
