



Long Beach-Yokkaichi Sister City Association



"Building Leaders for the 21st Century"

Chaperone / Teacher 2017 Environmental Summit or Trio Exchange Program in Yokkaichi, Japan

CONSENT & WAIVER OF RESPONSIBILITY HOLD HARMLESS AGREEMENT

This form is to be completed if you have been selected as a Chaperone / Teacher.

I, _____, hereby agree to the following by affixing my signature on page 2.

I hereby agree to serve as a volunteer chaperone or teacher for the 2017 Long Beach-Yokkaichi Environmental Summit or Trio Exchange Program to be held in Yokkaichi, Japan. I understand fully my responsibilities and obligation to the program and the students attending the Environmental Summit or Trio Exchange Program and freely do hereby accept that responsibility.

I hereby release the City of Long Beach, its officers, officials, employees and agents, the Long Beach School Unified District, and the Long Beach-Yokkaichi Sister City Association from any responsibility for my actions during the Environmental Summit or Trio Exchange Program both in Long Beach, California and Yokkaichi, Japan.

Further, I agree to and shall protect, defend, indemnify, save and hold harmless the City of Long Beach, its officers, officials, employees and agents from and against any and all liability, loss, damage, expenses, costs (including without limitation, costs and fees of litigation of every nature) arising out of or in connection with the Environmental Summit or Trio Exchange Program.

Further, I agree to hold harmless the City of Long Beach, the Long Beach School Unified District, and the Long Beach-Yokkaichi Sister City Association from any liability, responsibility, damages, expenses, claims, lawsuits, or injuries which may occur or be given rise to during my participation in the Environmental Summit or Trio Exchange Program.

I have adequate medical, accident, dismemberment, and repatriation insurance coverage for myself. I have verified this coverage with my agent and it is valid overseas. I am able to provide documentation of insurance coverage if asked. I understand that the Long Beach-Yokkaichi Sister City Association provides no medical and accident, dismemberment, or repatriation insurance.

I acknowledge that the Long Beach-Yokkaichi Sister City Association has forbidden the use of any drugs by the Long Beach Environmental Summit or Trio Exchange Program participants, except for those prescribed by a physician.

PHOTOGRAPH/MEDIA CONSENT AND RELEASE

I hereby consent and authorize an employee or agent of the Long Beach Yokkaichi Sister City Association and the City of Yokkaichi ("Sister City Association") to take photographs or motion pictures of me; or to produce videotapes, audiotapes, closed circuit television programs, web casts, or other types of media productions that capture my name, voice, and/or image (any of the foregoing types of media are called the "Materials" in this Consent and Release form).

I authorize the Sister City Association to copyright the Materials, and I authorize the Sister City Association to use, reuse, copy, publish, display, exhibit, reproduce, license to third party, and distribute the Materials in any educational, informational, or promotional materials or other forms of media, which may include, but are not limited to articles, magazines, recruiting brochures, websites or publications, electronic or otherwise, that relate to the Environmental Summit or Trio Exchange Program, or any other programs or events, without notifying me.

I also agree that Sister City Association may identify me by name.

I agree that I am participating on a voluntary basis and I will not receive any payment from Sister City Association for signing this release or as a result of any publication of the Materials.

I represent that I am at least 19 years of age.

Dated:_____

Print Your Name

Signature

ATTACHED ACKNOWLEDGMENT NEEDS TO BE NOTARIZED

**ALL-PURPOSE
CERTIFICATE OF ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of _____)

On _____ before me, _____
personally appeared _____

who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)