



**Expanding Your Horizons Geneva**  
Parent disclaimer form for monthly  
activities

Name of activity: \_\_\_\_\_

Date of activity: \_\_\_\_\_

Name of child attending: \_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_

Name of emergency contact person: \_\_\_\_\_

Contact phone number during the activity: \_\_\_\_\_

**Certain activities can present the risk of injury. This exculpatory release confirms that the participant who signs below accepts all aspects of this risk.**

I, the undersigned \_\_\_\_\_, having fully understood the dangers and risks inherent in some of the activities which will take place during this event, agree to assume all the risks and responsibilities surrounding participation in the activity and consent to letting my child attend the activity.

I agree to release, waive, forever discharge, and not sue Expanding Your Horizons Geneva, or their representatives or employees, as well as any volunteers and any students acting as employees for Expanding Your Horizons Geneva, from and against all liability for any harm, injury, damage, claims, costs, and expenses of any nature that I or my child, may have as a result of participating in the activity, except in the case of serious negligence.

I have read the above liability release statement and fully understand and accept all aspects of that risk.

Accept

Decline

Signature of parent or legal guardian \_\_\_\_\_

Date \_\_\_\_\_

### **Photo, video and audio permission**

I give my consent to Expanding Your Horizons Geneva, for this activity, to make photo, video or audio recordings that includes my daughter for the purpose of publicising and promoting Expanding Your Horizons Geneva or its institutional partners for this activity. I understand that the photos, videos or audio recordings may be published in newspapers or magazines, on the Internet, or be broadcast on television or radio.

Private information (addresses, phone numbers, email or schools) will not be published. If permission is not granted, your child will be identified by means of a coloured sticker and photographers / journalists will be informed that they cannot photograph, film or record audio with these children.

I have read the above photo, video and audio permission statement and accept or decline.

Accept

Decline

Signature of parent or legal guardian \_\_\_\_\_

Date \_\_\_\_\_