

StuyPrep Program Consents for Volunteers

I. Participation Consent

I hereby consent to / give permission for my child to participate as a volunteer in the StuyPrep Program (the “Program”) sponsored by the Stuyvesant High School Alumni Association (the “SHSAA”), and operated by a group of individuals associated with, are employees of, or are volunteers of the SHSAA for purposes of the Program (collectively, the “Operator”). Furthermore, I understand, acknowledge, and accept the following:

- 1) I understand that StuyPrep is sponsored by the SHSAA, and is not affiliated with the New York City Department of Education.
- 2) I understand that food will be provided to me / my child during certain parts of the Program. I understand that the Operator may not be able to provide the resources to accommodate my / my child's special food needs, and I will provide food for myself / my child if allergies or other dietary restrictions are a concern. By signing below, to the fullest extent permitted by law, I assume on behalf of myself / my child any and all risks associated with any dietary allergy that I / he or she may have while at the Program, including but not limited to injury or illness resulting from food, all such risks being understood and appreciated by me, and will not hold the SHSAA or the Operator responsible for any health issues that may arise from these allergies.
- 3) I agree that in the event of an emergency injury or illness, the Operator may act on behalf of and at my expense in obtaining medical treatment for me / my child.
- 4) I understand that I / my child will be responsible for travel to and from the locations at which the Program will be held throughout the duration of the Program, and that neither the SHSAA nor the Operator assumes any responsibility for the safety and well-being of me / my child during travel to or from the Program.
- 5) By signing below, I agree and understand that I am responsible for the actions of myself / my child. To the fullest extent permitted by law, I release the SHSAA, its officers, directors, employees, and agents and all the volunteers of the Operator from all claims and liabilities that may arise in connection with the Program, except if due to the negligence of the SHSAA, the Operator, or their officers, directors, employees, and agents.
- 6) I understand that while unlikely, there are inherent risks may be associated with volunteer activities. These risks include, but are not limited to, broken bones, concussions, sprains, paralysis and death. I will not hold the SHSAA or the Operator accountable or liable for any injuries that unintentionally result from my / my child's participation, or that arise during the time spent volunteering, due to any underlying physical condition.

Name of Child Participant:

_____ *Please print clearly. Please write “N/A” if you are an adult volunteer.*

Name of Adult/Parent/Guardian:

_____ *Please print clearly. Please write your name if you are an adult volunteer.*

Relationship to Child:

_____ *Please print clearly. Please write “N/A” if you are an adult volunteer.*

Signature of Adult/Parent/Guardian:

Date:

II. Photo and Biography Release

I consent to the use, by the Stuyvesant High School Alumni Association (the "SHSAA"), of my / my minor child's name, biographical information, and any and all photographs or videos taken of myself / my minor child during SHSAA's StuyPrep program (the "Material"), for the benefit of the SHSAA. I release SHSAA from any expectation of confidentiality for myself / my minor child and attest that I am a consenting adult / the parent or legal guardian of the child listed below and that I have the legal authority to authorize SHSAA to use the Material. I acknowledge that since participation in SHSAA's StuyPrep program is voluntary, there will be no payments made for the use of the Material. I hereby release and forever discharge the SHSAA, and those acting on behalf of or at the direction of the SHSAA, from all claims, causes of action, and demands, which I, and/or my minor child, or other persons acting on my behalf have or may have by reason of this authorization.

Name of Child Participant:

_____ *Please print clearly. Please write "N/A" if you are an adult volunteer.*

Name of Adult/Parent/Guardian:

_____ *Please print clearly. Please write your name if you are an adult volunteer.*

Relationship to Child:

_____ *Please print clearly. Please write "N/A" if you are an adult volunteer.*

Signature of Adult/Parent/Guardian:

_____ Date: _____