**2017 Statement of Conduct**

As a participant in the Park City Rotary Service Project at the Hopi Reservation, Arizona. I am committed to adhering to the Rotary 4 Way Test. I will comply with all instructions and directions of the group leaders and volunteers. I will adhere to all rules, curfews, and procedures as well as the accompanying Code Of Conduct. Failure to comply 100% may result in being sent home at my own expense.

I verify that I understand and accept this statement by placing my initials here\_\_\_\_\_\_\_

As Parent/Guardian I verify that I understand and accept this statement\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As consideration for being permitted by the Park City Rotary Club, I forever release the Park City Rotary Club and Rotary District 5420 and respective youth and adult chaperones and drivers, officers, employees, volunteers, agents, contractors, and representatives (collectively “Releasees) from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse, and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

**I HAVE CAREFULLY READ THIS FINAL REGISTRATION, APPLICATION, STATEMENT OF CONDUCT AND RELEASE AND WAIVER OF LIABILITY AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IS A RELEASE OF LIABILITY AND CONTRACT BETWEEN ME AND THE PARK CITY ROTARY CLUB, DISTRICT 5420 AND SIGN OF MY OWN FREE WILL.**

Parent or Guardian statement: I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and to me and we understand and agree to them.

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant/Releasor Parent/Guardian

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Signature Signature

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If you are under 18 years of age, or are participating as a student/Interactor, you and your parent/guardian must sign and initial this form where indicated.