



# Niagara Student Summit 2017

## Permission Form, Media Consent & Waiver

Name of student: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ Email Address: \_\_\_\_\_

I give permission for the above-named student to participate in the Niagara Student Summit, hosted by the City of Niagara Falls - Mayor's Youth Advisory Committee. I am aware that the Niagara Student Summit will be held on Wednesday, October 11<sup>th</sup>, 2016 at Brock University, 500 Glenridge Avenue, St. Catharines, from 8:30 am to 3:30 pm.

There is a \$20 registration fee per participant which includes lunch, sessions, and keynote and closing speakers.

**Parents/Guardians are responsible to call the school in advance to ensure that students are excused from school to attend the Niagara Student Summit.**

I allow photographs, interviews, and/or video to be taken of the above named student for the purpose of publication and/or broadcast of this event.

I release and forever discharge The Corporation of the City of Niagara Falls, the District School Board of Niagara, and its officers and employees from any and all actions, causes of actions, claims and demands, for damages, loss, injury, or obligations or liabilities of any kind which may have been sustained to any persons or property arising out of participating at the Niagara Student Summit.

Parent/Guardian signature: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

SPECIAL DIETARY REQUIREMENTS: \_\_\_\_\_

