



Expanding Your Horizons Geneva

Parental waiver for the monthly science activities organised by Expanding Your Horizons Geneva

Some activities may present risks of injury. The undersigned hereby releases the organisers from any liability relating to such risks.

I, the undersigned, being aware of the dangers and risks involved in the activities that will take place as part of these events, agree to assume all risks and responsibilities related to my child's participation in the said activities.

I hereby waive any subsequent legal action against Expanding Your Horizons Geneva, or its representatives or employees, as well as the volunteers and students acting on behalf of Expanding Your Horizons Geneva, releasing them from any liability relating to any damage that may occur to my child during these activities, except in the case of gross negligence.

I have read the above disclaimer: I understand and accept the aspects relating to risk (compulsory in order to take part in the activities).

Accept

Authorisation to take photos, videos and audio recording during the monthly scientific activities organised by Expanding Your Horizons Geneva

I authorise Expanding Your Horizons Geneva to record, during the various activities, photos, videos, or audio sequences in which my daughter/daughters may appear, for the purpose of promoting Expanding Your Horizons Geneva or its partners for these activities. I understand that these photos, videos, or audio recordings may be published in certain newspapers, magazines, social media, on the Internet or broadcast on television or radio.

No private information (name, address, telephone number, email address or school attended) will be published. If permission is not granted, my child will have to wear a red lanyard (badge holder) and photographers/journalists will be informed that they cannot photograph, film or make audio recordings of them under any circumstances.

I have read the photo, video and audio authorisation statement and accept the conditions (optional).

Accept or Refuse



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(continued)

Name of the child: _____

Name of the undersigned parent or legal guardian:

Date: _____ **Signature:** _____

Names and telephone numbers of person(s) to contact in case of emergency:

Comments (medical information or other):
