IMAGINE Lab YEARBOOK WORKSHOP

STUDENT PERMISSION SLIP

Director: Pristine Sales & Marketing Inc./Sarah Ikard
Representing Herff Jones Yearbooks
email@sarahikard.com | 602.370.6009

Location: Best Western Thunderbird Suites
7515 E. Butherus | Scottsdale, AZ | 480.951.4000

This completed form must be on file with the workshop director prior to beginning the workshop.

CODE OF CONDUCT

While you are guests at the Imagine Lab workshop, you will be expected to adhere to all rules and regulations for your safety and the success of the workshop. Failure to comply with any of these may result in notification of parents and/or dismissal from the workshop. Any student dismissed will be expected to be off the premises within 2 hours of the offense, either with a parent or via public transportation at the participant's expense.

❶ Leaving the premises in any motorized vehicle is prohibited (this includes your own vehicle). If you must leave the premises for a previous obligation, written permission from a parent to do so must be presented to the workshop director prior to leaving.

❷ Attendees may not leave the premises to get lunch or order in lunch. **Please bring a sack lunch.** Snacks and drinks will be provided.

❸ As a matter of courtesy to others and to ensure success of the workshop, **students may access their phones only during breaks or designated phone time for assignments.**

❹ Any destruction of the premises or workshop property is prohibited.

❺ **All workshop attendees are expected to attend all sessions and planned activities**, unless absence has been cleared with the workshop director. Students who are not present for attendance or who are found away from their assigned location will have parents and/or advisers contacted. Further absences will result in dismissal.

❻ Many decisions will be made at the Imagine Lab that require group consensus. **Please be prepared to reach agreement through collaboration, cooperation, inclusivity, and participation with your team.**

❼ Disrespectful conduct will not be tolerated. **Students are expected to be kind and polite to other attendees and to the workshop staff.**

❽ Use or possession of alcohol, cigarettes or illegal drugs is prohibited. No second chances. Parents will be contacted immediately, and students will be dismissed from the workshop. The school principal will be notified.

STUDENT AGREEMENT

I agree to honor the above rules and regulations and understand that breaking them will result in corrective measures, including possible dismissal from the workshop.

_____
STUDENT SIGNATURE

_____
STUDENT NAME (Please print)

PARENT AGREEMENT

I also agree to the above rules and to honor the consequences as specified.

_____
PARENT/GUARDIAN SIGNATURE

_____
PARENT/GUARDIAN NAME (Please print)

LIABILITY RELEASE

In consideration of the educational opportunity provided, I/we the parent(s), legal guardian(s), or spouse of the above named person, or myself, do hereby hold harmless, release and forever discharge Pristine Sales & Marketing, Inc./Sarah Ikard, and their officers, agents and employees from any and all claims, demands, liability, actions, causes of action, attorney fees and expenses on account of damages to personal property or personal injury which may result from causes beyond the control of, and/or without the fault or negligence of Pristine Sales & Marketing, Inc./Sarah Ikard and its officers, agents and employees during the Imagine Lab workshop.

_____
PARENT/GUARDIAN SIGNATURE

_____
PARENT/GUARDIAN NAME (Please print)

MEDICAL INFORMATION

IN CASE OF EMERGENCY, PLEASE NOTIFY:

_____
NAME
RELATIONSHIP:
☐ PARENT ☐ GUARDIAN ☐ OTHER (SPECIFY) _____

_____
CELL/HOME PHONE ALT./WORK PHONE

_____
FAMILY HEALTH INSURANCE CARRIER

_____
GROUP/POLICY NUMBER

☐ Check here if family has no health insurance

_____
STUDENT'S BIRTHDATE

HEALTH HISTORY

Please direct our attention to any special medical needs or any other concerns you may have, including any allergies your son/daughter has and/or medication he/she is taking:

EMERGENCY AUTHORIZATION

Should a participant require medical attention at any time, he/she should tell any of the workshop staff directors. Participants will be taken to the nearest emergency room and are expected to pay for their own medication or medical services. The workshop staff is not permitted to dispense drugs or treat injuries.

In consideration of the benefits to be derived and having full confidence that every precaution will be taken to ensure the safety and well-being of my son/daughter during this activity, I hereby authorize and give my consent and permission to the adult leaders to obtain medical care as deemed necessary for the health and welfare of the minor and provided under the supervision of a licensed physician or dentist, including but not limited to diagnosis, anesthesia, treatment, surgery, medication or to hospitalize or order injection for the minor named above. I agree to be responsible for any and all costs. I further authorize the adult leader to receive physical custody of said minor upon completion of any treatment, and I specifically instruct any health facility to surrender the physical custody of said minor to the adult leader. I certify that I am the parent having legal custody, or one of the parents having legal custody or the legal guardian of the minor named above.

Should my son/daughter need medical attention, please admit him/her to the nearest hospital and contact me immediately at the contact information above.

_____
SIGNATURE

MEDIA RELEASE

I hereby consent that all film or photos taken of me/my child at the Imagine Lab workshop may be used by Pristine Sales & Marketing, Inc./Sarah Ikard, without mention of student's last name, for educational or promotional purposes without further consideration.

_____
SIGNATURE