

AUTHORIZATION WAIVER: GREAT VALLEY WRITING PROJECT

Young Writers Workshop

With this online waiver, parents/guardians indicate their approval of - -
Publication Agreement & Medical Authorization

PART ONE: PUBLICATION AGREEMENT

I indicate my approval for each student's name, picture, art, written work, voice, verbal statements, or portraits (video or still) to appear in informational and/or educational publications, videos, or websites. For example, pictures, articles, and video about the "Great Valley Writing Camp" might appear in local newspapers, in student-published anthologies, in program-affiliated websites, or in informational television broadcasts. These pictures and articles may or may not personally identify the student(s). The program partners may continue to use the pictures and/or videos in subsequent years. (Program partners may include CSU Stanislaus, the California Writing Project, the National Writing Project, and public or private schools and districts that allow use of their facilities.) Note: GVWP has no control of pictures/statements taken by participating students or outside parties that might be shared without our permission. For student protection, GVWP will follow these guidelines: • Each student's name, picture, art, written work, voice, verbal statements, portraits (video or still) shall be used only for public relations, program information/promotion, teacher education, and classroom instruction. • In website postings, student authors will not be identified by personal details other than first and last name. • Great Valley Writing Project will accede to any written request by a parent or legal guardian for the removal of specific photographs featuring their child, or references to their child's name. The Student and Parent/Guardian understand and agree that: • No remuneration or compensation (i.e.: money) shall be paid for any published material; • Consent and release have been given without coercion or duress; • This agreement is binding upon heirs and/or future legal representatives; • Photos, videos, writing samples, or student statements may be used in subsequent years. Thus, no other signed waiver will be sought or required prior to publishing student work.

PART TWO: AUTHORIZATION FOR MEDICAL TREATMENT

I verify that I am the parent or guardian of each of the aforementioned student, and that I have legal custody. I also verify that I have submitted one or more emergency telephone numbers to be used in case medical needs arise with this student during the workshop. In a medical situation where teachers are unable to reach a parent or legal guardian, or when the parent/guardian is unable to arrive on the scene in a timely manner, I grant my authorization and consent for the teachers of the Great Valley Writing Camp to administer general first aid treatment for any minor injuries or illnesses experienced by the student during the workshop. If the injury or illness is life threatening or in need of emergency treatment, I authorize the teachers at the Great Valley Writing Camp to summon any and all professional emergency personnel to attend, transport, and treat this

child. Furthermore, when no parent/guardian is present to act on the child's behalf, I authorize the Great Valley Writing Camp to act as my representative in giving consent for the aforementioned child to receive emergency medical services, including any x-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care that is deemed advisable by (and rendered under the general supervision of) any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in California. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel. I verify that I have read and understand the Authorization for Medical Treatment, and I hereby authorize the Great Valley Writing Camp to act as my representative in giving consent for the aforementioned minor(s) to receive first aid and/or emergency medical services.