Dear Participant,

Greetings! You are scheduled to take part in a field trip to the Shoreway Environmental Center at 333 Shoreway Road in San Carlos, California on (date) ___________________. The trip will be led by staff of South Bayside Waste Management Authority, a California joint powers association (also known as RethinkWaste) and South Bay Recycling, LLC. RethinkWaste is not authorized to include you on the field trip unless you complete this form and submit it to your trip coordinator or to RethinkWaste staff upon your arrival for the tour.

I, ____________________________, understand that by signing this form, I hereby forever release and discharge RethinkWaste, South Bay Recycling, LLC, and all agents, employees and officers thereof, from any and all liabilities, claims, demands or causes of action that I may hereafter have for injuries and damages arising out of participation in the field trip to the Shoreway Environmental Center, including, but not limited to, losses caused by the passive or active negligence of the released parties or hidden, latent, or obvious defects in the premises or equipment used. I understand that to promote safety, I will wear closed-toe shoes and wear clothing appropriate for outdoor weather.

I hereby grant the RethinkWaste and its agents and employees the absolute and irrevocable right and unrestricted permission to use photographs taken of me and others during the field trip, and to use, re-use, publish and re-publish the same in whole or in part, individually or in conjunction with other photographs or in conjunction with any printed or digital matter now or hereafter known, and for any purpose whatsoever, for illustration, promotion, art, editorial, advertising and trade, or any other purpose whatsoever without restriction as to alteration and without compensation to me. I understand that the photographs taken may be included into stock files and agree that the photographs, transparencies thereof, digitally-formatted files thereof, and the rights to copyright the same shall be the sole property of RethinkWaste, with full right of lawful disposition in any manner.

Print Name of Student/Child/Participant

________________________________________  Date: ____________________________
Signature

Emergency Contact Information:

In case of emergency, please list the name and number of the person we should contact:

___________________________________________________________________________