


GROUP Activity - TeamMates Plan for Meeting Outside of School

PLAN	<p>Student Name (print): _____ Mentor Name (print): _____</p> <p>Student ID: _____ School: _____ Grade: _____</p> <p>Meeting Detail:</p> <ul style="list-style-type: none"> • Date and Time: Thursday, February 8, 2018 5:30-7:30 PM • Event and Location: Recognition Event – Lincoln Station 201 N. 7th St <p>Please sign below if you agree to this outside of school visit. Your signatures indicate that you agree to accept responsibility for this visit.</p> <p>Participation Waiver: I know that participating in this event is potentially hazardous for my son/daughter or myself as a volunteer. They should not participate unless they are medically able. I agree to abide by any decision of the TeamMates officials relative to their ability to safely complete the event. I assume all risks associated with this event including, but not limited to, falls, contact with other participants, volunteers or spectators, the effects of the weather including heat, cold or humidity, traffic and the conditions of the road, trails and other parts of the route, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and considerations of your accepting my entry, I hereby certify that I or my son/daughter is medically able to participate in this event and I, for myself and anyone to act on my behalf, waive and release TeamMates Mentoring Program, officials, volunteers and sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my son/daughter's or my participation in this event.</p>
PARENT/GUARDIAN	<div style="text-align: right;">  </div> <p>PARENT OR GUARDIAN:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No My child has a medical condition or allergy that the mentor should be aware of. If yes, list allergies/conditions: _____</p> <p>Emergency Contact: _____ Doctor name/phone: _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No I give permission for my child to attend the event listed.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No I understand and agree to the guidelines/participation waiver of this meeting.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No I give my permission for TeamMates to photograph/use my child's image. (See back for detail.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No I plan to attend with my child and I give permission to photograph/use my image. (See back for detail.)</p> <p>Parent or Guardian Signature: _____ Date: _____</p>
MENTOR	<p>MENTOR: It is <u>mandatory</u> that a mentor and their student be accompanied by a third party, 18 or older, when the mentor provides transportation. If not transporting, a third party is not required because the activity is in a public location and TeamMates staff will be present.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No I give permission for TeamMates to photograph/use my image. (See back for detail.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No I understand and agree to the guidelines/participation waiver of this meeting.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No I am providing transportation (allowed for grades 6-12 only) and agree to provide the <u>required documents</u> below. (Specify): _____</p> <p>Name of Third Party:* _____ Age: _____ Relationship: _____</p> <p>*A separate Image Release is ONLY required if the third party/guest is <u>not</u> the parent/guardian who signed above.</p> <p>Mentor Signature: _____ Date: _____</p>
OFFICE/FICILITATOR	<p>FACILITATOR: Sign, date and scan this form to the school DocuShare drop box.</p> <p><input type="checkbox"/> If mentor is NOT providing transportation, indicate who will be transporting to and from: _____</p> <p>School Facilitator Signature: _____ Date: _____</p> <p>TEAMMATES OFFICE: Required Documents: (Complete below if mentor is providing transportation)</p> <p><input type="checkbox"/> Copy of valid Driver's License</p> <p><input type="checkbox"/> Auto License Plate Number: _____ State where vehicle is licensed: _____</p> <p><input type="checkbox"/> Proof of Automobile Insurance: Copy of declarations page to include proof of Liability Insurance. The minimum amount of personal liability insurance that a mentor must have in place is \$100,000/\$300,000 (each person/each accident respectively). Can be faxed to the TeamMates office at 402-436-1948 or emailed to teammates@lps.org.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No I have reviewed this form and approve of this out of school meeting.</p> <p>TeamMates Office Staff Signature: _____ Date: _____</p>



TeamMates Photo/Image Release Details

By checking yes on the other side of this form, you are giving permission for your image to be used in TeamMates marketing materials. Images may be used in television commercials, newspaper articles, websites or other forms of media.

1. For good and valuable consideration, receipt of which is acknowledged, I hereby grant for the period of time that I am associated with TeamMates (hereinafter referred to as the "Term") to TeamMates Mentoring Program and to other such persons as **TeamMates Mentoring Program** may designate from time to time, the absolute right and permission to use my likeness and photograph, in whole or in part, or distorted character or form, together with or without written copy for advertising, publicity or trade purposes.
2. I agree that all photographs/video/film of me used and taken by the licensed parties are owned by them and that they may copyright material containing same. If I should receive any print, negative or other copy thereof, I shall not authorize its use by anyone else.
3. I agree that no advertising or other material need be submitted to me for any further approval and the licensed parties shall be without liability to me for any distortion or illusionary effect resulting from the publication of my picture, portrait or likeness.
4. I warrant and represent that this license does not in any way conflict with any existing comment on my part. I have not heretofore authorized (which authority is still in effect), nor will I authorize or permit for the Term hereunder, the use of my name, picture, portrait, likeness or testimonial statement in connection with the advertising or promotion of any product or service competitive to or incompatible with **TeamMates Mentoring Program**.
5. Nothing herein will constitute any obligation on the licensed parties to make any use of any of the rights set forth herein.
6. No personal data other than the information specified will be printed.