Chinatown Beautification Day 2019 Guardian Consent Form/Liability Waiver

I,
I also agree to assume responsibility, both legal and financial, for any actions taken by my child during the period of his/her participation in Chinatown Beautification Day.
I hereby grant permission for my child to participate fully in Chinatown Beautification Day activities. Also, I give my permission for any agent, officer, volunteer, or employee of the Chinatown Beautification Day staff to transport my child to a doctor or hospital in the event of a medical emergency. I authorize my child's advisor or counselor to oversee medical treatment, including but not limited to emergency surgery or medical treatment, and I assume the responsibility for all medical bills that may result from such services.
Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or for any other reason, I will assume all transportation costs.
By signing below, I certify that I have read and agree to be bound by the above in its entirety.
Signature of Participant:
Name of Parent/Guardian (Print):
Signature of Parent/Guardian:
Emergency Phone Number: