



## Consent to Participate Agreement

### **1. Waiver of Liability**

I hereby waive any right or cause of action arising as a result of my participation and/or my child's participation in Ocean Discovery Institute's programs from which any liability may or could accrue against Ocean Discovery Institute and its funders, officers, and partners including but not limited to the City of San Diego and the San Diego Unified School District. This participation includes any activities associated with Ocean Discovery Institute, including but not limited to those that take place on the Living Lab site (inside the facility and outdoors), at the adjacent canyon, in the classroom, in the field and while being transported in Ocean Discovery vehicles. I understand there are uneven surfaces on the Living Lab site and within outdoor/boundary areas (e.g., adjacent canyon and open space), and I and/or my child will wear the appropriate clothing and shoes and enter these areas at my/our own risk. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or causes of action resulting from damages, losses or injuries to my child and/or personal property, including claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorney's fees, which are sustained in connection with my activities associated with Ocean Discovery Institute's programs.

### **2. Medical Treatment, Injury, and Illness**

I have taken the necessary steps to ensure my safety and/or my child's safety by fulfilling all necessary medical treatments and requirements set forth by Ocean Discovery Institute. I hereby authorize the staff of Ocean Discovery Institute to act for me/my child according to their best judgment in any emergency requiring medical attention. I hereby waive and release Ocean Discovery Institute from any and all liability for injuries, conditions, or illnesses arising out of participation in Ocean Discovery Institute's programs.

### **3. Photographs, Audio, & Video**

All photographs, audio and video taken of participants are the sole property of Ocean Discovery Institute and partners of Ocean Discovery Institute. Ocean Discovery Institute and its partners reserve the right to utilize such material for evaluation, research, advertising, and publication purposes. This content may then be used on Ocean Discovery Institute's and/or their partners' websites. Provided, however, Ocean Discovery Institute will not knowingly use such information without a participant's authorization.

I hereby authorize Ocean Discovery Institute and their partners to photograph, audio record, and videotape myself and/or my child during their participation in Ocean Discovery Institute programs, unless I have declined this authorization by checking the box below.

I do **NOT** authorize Ocean Discovery Institute and their partners to photograph, audio record, and videotape myself and/or my child during their participation in Ocean Discovery Institute programs.

*I understand that my participation and/or my child's participation in Ocean Discovery Institute's programs is/are wholly voluntary. I may revoke this agreement at any time by submitting a written request to withdraw consent to Ocean Discovery Institute.*

*I have shared all of the above information with those other parties responsible and understand that before signing this agreement, I have the right to consult with the advisor, counselor, or attorney of my choice.*

*I understand that if anything changes relevant to the representations I have made, it is my obligation to notify Ocean Discovery Institute in writing and re-execute this agreement with the changed information.*



#### 4. Data Collection

Ocean Discovery Institute collects data from participants to continually assess and improve its programs. The types of data collected include science achievement and beliefs and attitudes. Data is collected through written assessments, surveys, and interviews. **In order to provide free programs to your child, Ocean Discovery must collect participant demographic data. The information you provide will be summarized only for reporting purposes and as required by program funding entities.** Your name or address information will not be used in reports outside the organization, unless you give prior written permission.

<b>Child's Name:</b>			
<b>Address:</b>			
<b>City, State and Zip:</b>			
<b>Child's Gender? <i>Check one.</i></b>	<input type="checkbox"/> Female	<input type="checkbox"/> Male	
<b>Hispanic/Latino? <i>Check one.</i></b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>Child's Racial Background? <i>Check One.</i></b> (NOTE: If you do not check an option listed below, we will assume a selection of "Other Multi-Racial".)			
<input type="checkbox"/> American Indian/ Alaskan Native & Black/ African American <input type="checkbox"/> American Indian/ Alaskan Native & White <input type="checkbox"/> American Indian/ Alaskan Native & White <input type="checkbox"/> Asian <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/ African American			
<input type="checkbox"/> Black/ African American & White <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> Other Multi-racial <input type="checkbox"/> White			
<b>How many individuals live in your household? <i>Check one.</i></b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 or More		
<b>What is your monthly OR annual household income (combined from all household members) from all sources?</b> (NOTE: Be sure to specify the option that applies.)	\$ <input type="text"/> (Check One) <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		
<b>Is the head of your household male or female? <i>Check one.</i></b> (Note: Head of household refers to the primary adult member of the family who is responsible for the majority of household income.)	<input type="checkbox"/> Female <input type="checkbox"/> Male		

By signing below, I certify that the above information is complete and accurate to the best of my knowledge:

PARENT/GUARDIAN SIGNATURE:  DATE:

<b>ADMIN USE ONLY</b>	<b>TEACHER'S NAME</b>	<b>MONTH SERVED</b>
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