



EcoHealth
Vector Education

San Gabriel Valley Mosquito and Vector Control District Parent Permission and Release of Liability

I, _____, hereby acknowledge that my child, _____
(Print Name) (Print Name)

who is a student at _____ in Grade _____
(School Name)

(Teacher's name is _____)

CHECK ONE BELOW:

- ☐ **IS VOLUNTARILY PARTICIPATING** in San Gabriel Valley Mosquito and Vector Control District's ("SGVMVCD" and "the District") community science program titled "Operation Mosquito G.R.I.D."
- ☐ **IS NOT PARTICIPATING** in San Gabriel Valley Mosquito and Vector Control District's ("SGVMVCD" and "the District") community science program titled "Operation Mosquito G.R.I.D."

By participating in this community science activity, I understand my child will be asked to do the following:

- ✓ Engage in a community science activity in the area around our home
- ✓ Disclose our name, address, phone number, and email
- ✓ Spend time outdoors looking for stagnant* water
- ✓ Handle and tip out items that may contain stagnant water
- ✓ Potentially remove items that catch and hold water (with my permission)
- ✓ Install a water-filled, non-toxic mosquito egg trap in a location near our home
- ✓ Return the mosquito egg trap and associated items to SGVMVCD staff via prearranged method (TBD)

Privacy: The privacy of our participants is very important to us. All information gathered in this program is used for the sole purpose of managing mosquito populations and reducing mosquito-borne diseases. Names, addresses and sample results are collected for statistical purposes only and not shared with any

other agency or organization. Incomplete surveys will be accepted but will be significantly less helpful to achieving the objectives of the program. Participation in this program will not directly result in any type of property visit or inspection without permission from the resident. However, standard property inspections, surveillance and disease investigations take place on a regular basis and participants may have future interaction with our agency in an unrelated way.

I understand that any outdoor activity, including Operation Mosquito G.R.I.D., may expose my child to biting mosquitoes.

I understand that it is my responsibility to make sure my child wears repellent or otherwise takes precautions to prevent mosquito bites.

I understand that my child will be handling items and dumping out water that may potentially contain harmful bacteria.

I understand it is my responsibility to ensure that my child takes precautions by wearing gloves and/or washing their hands after this activity.

**The definition of stagnant water is trapped water that does not move, flow, or otherwise circulate and can potentially contain high levels of algae and bacteria.*

I hereby agree that I, my heirs, guardians, legal representatives and assigns assume the risk of and will not make a claim against or file an action against SGVMVCD, its officials, officers, employees, or agents for injury, illness or damage resulting from negligence, howsoever caused, by any official, officer, employee, or agent of the District as a result of my child's participation in the volunteer activity titled "Operation Mosquito G.R.I.D.. In addition, I hereby release and discharge the District, its officials, officers, employees and agents from all actions, claims, demands that I, my heirs, guardians, legal representatives or assigns now have or may hereafter have for injury or damage resulting from my participation in these volunteer activities or services.

SIGN HERE

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT

Date: _____

Signature of Parent or Guardian

Print Name