

Brighton Center's Youth Leadership Development
Permission for Participation and Services

I consent to and give my permission for my son/daughter to attend Youth Leadership Development (YLD) and participate in the group and activities. My child is in good physical condition and fully able to participate in all activities and programs put on by the YLD program. Groups will be facilitated at the school but community service, recreational outings, job shadowing experiences and other activities may take place at a different site. Although the program is held at the school site, I understand it is a Brighton Center Inc. (BC) program.

_____ I understand that my youth will be in the Youth Leadership Development program two days per week after school for 2 hours.

_____ I understand that YLD has a policy that prohibits members from coming and going as they please. Once a child has entered the group, they will be permitted to leave until a parents/guardian arrives to retrieve them.

_____ I give permission for my youth to travel with the YLD staff ,when necessary, from the school to my home. A separate permission form will be sent home for travel for outings , community service or other activities.

_____ I authorize emergency medical attention for my youth if serious injury or illness occurs and understand that YLD Staff will make an effort to inform me as soon as possible in this situation. Please note that the staff are not trained medical professionals and will contact Emergency Medical Personnel in an emergency. I authorize the attending physician to administer necessary treatment for the safety of my child in the event I cannot be reached.

_____ I confirm that my youth is in good health and has my permission to fully participate in all activities.

_____ I understand that photos, writings and statements may be used in local papers; the program's INVENT newsletter to inform the community and funding sources about the program. I understand by signing this form that I consent to the irrevocable right to use my youth's name, written copy, photograph, cinematic image, voice and/or property for reproduction, publication and use by Brighton Center and their funders for publicity purposes or data collections. I understand there will be no compensation.

_____ I consent for YLD staff to use measurement tools (example DESSA, 40 Developmental Assets) to measure the impact of the YLD program on my child and the program effectiveness.

_____ I understand that under the Family Educational Rights and Privacy Act, 20 U.S.C. and 1232g, schools generally must receive written permission from the

parent/guardian of a student in order to disclose information from your students education record. This form will be sent for your signature. I understand that as a YLD member, it is possible for YLD staff will have acces to and my receive information from my child's education record as defined by the Family Educational Rights and Privacy Act, 20 U.S.C. & 1232g (a)(4). I hereby consent t the School Boards's disclosure of information from my child's education record to Brighton Center YLD staff.

I am fully aware fo the risks and hazards connected with the participation in the Activites, including physical injury or even death, and hereby elct to voluntarily have my child participate in said Activities, knowing tht doing so may be hazardous to me and my property. I voluntarily assume full repsonsibility for any risks or loss, property damage or personal injury that may be sustained or loss or damage to property owned or possessed by my child as a result of participation in the activities.

In signing this release, I acknoweldge and represent that I have read the forgoing Waiver Of Liability and hold harmless agreement, understand and sign it voluntarily as my own Free act and deed. I acknowldege and agree that this Waiver of Liabilty and hold Harmless agreement is given for valuable, legal consideration and is a condition of an required for my child's participation in the YLD program.

Parent/Guardian Signature

Date