



Youth Leadership Program Parental Consent Form

YLP Participant

First Name: _____

Last Name: _____

Birthdate:

Month: _____ **Day:** _____ **Year:** _____

To Parents/Guardians of Minors:

Thank you for completing this form. **The completed form is mandatory for your teen's participation in the Youth Leadership Program (hereinafter referred to as "YLP").**

This CONSENT and RELEASE shall be effective as of the dates noted in each section below and shall remain valid for the duration of the participants involvement in YLP, or such earlier time as this CONSENT and RELEASE is rescinded in writing by the undersigned parent(s) or guardian(s).

Parents please provide all of the requested information, required signatures and return this to Interfaith Action, Inc. PO BOX 200, Sharon , MA 02067 **as soon as possible.** We strongly encourage you to scan and email the completed form to office@ifaction.org. If you have additional **questions about the YLP, then please contact Jason Smith**, YLP Director for Interfaith Action, Inc. at **781-784-0651** or email him, Jason@ifaction.org.

PART ONE: Program Consent and Authorization

I/We understand that the YLP is a peer led educational program of Interfaith Action, Inc. (IFA) that will be conducted at various houses of worship, the Foxboro Y and other sites from September to May with approximately two program meetings per month and with opportunities to take part in training programs, field trips, community service projects and special events in the area. I/We understand that an annual fee is charged and due upon registration and may be paid on-line or in a check to IFA. Family rates apply . The website, www.ifaction.org, has current fee charge details. Fee waivers in part or full must be arranged by me/us at the point of program registration.

I/We as the undersigned parent(s)/guardian(s) of _____, a minor, do hereby give consent to her/his participation in the YLP sponsored by Interfaith Action, Inc. of Sharon, MA.

I/We RELEASE and discharge Interfaith Action, Inc., its officers, employees, and agents (hereinafter collectively referred to as "Interfaith Action"), from any and all claims, damages, losses or expenses of whatever kind or nature which I/we may have or acquire as the parent or guardian of said minor arising out of or resulting, directly or indirectly, from said minor's participation in the YLP.

I/We also RELEASE and discharge Interfaith Action from any and all claims, damages, losses or expenses of whatever kind or nature which said minor may have or acquire arising out of or resulting from, directly or indirectly, his/her participation in the YLP.

I/We RELEASE Interfaith Action from all liability not directly related to the actions of Interfaith Action staff members.

I/We furthermore agree to defend and INDEMNIFY Interfaith Action against all claims, damages, losses or expenses of whatever kind or nature which said minor may have or acquire arising out of or resulting from, directly or indirectly his/her participation in the YLP, and to defend and INDEMNIFY Interfaith Action against any claim, damage, loss or expense of whatever kind or nature that Interfaith Action may have to pay that arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in the YLP.

I /We hereby authorize Interfaith Action's employee(s) or agent(s) who is/are supervising said minor to act on my/our behalf in authorizing and consenting to emergency medical care for said minor if he/she becomes ill or is injured while

participating in the YLP. This Authorization and Consent may be presented to the appropriate emergency medical staff at such time as emergency medical care is required.

I/We hereby RELEASE and discharge Interfaith Action from any and all claims of any nature whatsoever, which may arise out of the decision to provide emergency medical care. I affirm that the information provided is accurate and complete and I agree to hold Interfaith Action harmless if full disclosure of a pre-existing medical condition has not been provided.

Signature: _____

Relationship to Participant: _____ **Date:** ____/ ____/ ____

Signature: _____

Relationship to Participant: _____ **Date:** ____/ ____/ ____

PART TWO: Insurance/Medical Information

A. Is this minor child covered by family medical/hospital insurance? Yes No

If so, indicate carrier and plan name: _____

Carrier Address/Phone: _____

Name of Insured: _____

Relationship to participant: _____

B. Does this minor child have any current or past medical conditions that could affect their ability to participate in YLP activities ? Yes No

If Yes, please explain:

C. Do you give Interfaith Action, Inc. permission to administer the following over-the-counter medications(s) should the need arise?

- | | | |
|--------------------------------|------------------------------|-----------------------------|
| Acetaminophen (e.g. Tylenol) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ibuprofen (e.g. Advil, Motrin) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cough Medicine | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pepto Bismol | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Signature: _____

Relationship to Participant: _____ **Date:** ____/ ____/ ____

Signature: _____

Relationship to Participant: _____ **Date:** ____/ ____/ ____

All insurance and medical information are kept strictly confidential.

PART THREE: Survey/Program Evaluations

I/We grant Interfaith Action permission to request program feedback in the form of surveys and program evaluation forms from the participant listed on page one. I/We understand that the responses may be utilized in testimonials about the YLP In addition, survey responses may be included in long term program evaluation studies. Identities of individuals in the long term studies are kept confidential.

Signature: _____

Relationship to Participant: _____ **Date:** ____/ ____/ ____

Signature: _____

Relationship to Participant: _____ Date: ____/ ____/ ____

PART FOUR: Image/Sound/Media Release

I/We, the undersigned parent(s) or guardian(s) of the participant listed on page one, do hereby grant to Interfaith Action's Youth Leadership Program ("YLP") CONSENT to create, use, reproduce, assign and/or distribute photographs, films, video, digital images and sound recordings of this participant for use in materials they create at any time without prior notification for publicity and/or for documenting YLP participation in an organized fundraising, event or activity at any time and without prior notification.

Signature: _____

Relationship to Participant: _____ Date: ____/ ____/ ____

Signature: _____

Relationship to Participant: _____ Date: ____/ ____/ ____

PART FIVE: Trips and Travel Authorization

I/We, the undersigned parent(s) or guardian(s) of the participant listed on page one do hereby CONSENT to his/her participation in day and/or extended long distance field trip(s) ("Field Trip") sponsored by the Youth Leadership Program ("YLP") and/or Interfaith Action, Inc.

I/We RELEASE and discharge YLP and Interfaith Action, Inc., its officers, employees, and agents (hereinafter collectively referred to as "Interfaith Action"), from any and all claims, damages, losses or expenses of whatever kind or nature which I/we may have or acquire as the parent(s) or guardian(s) of said minor arising out of or resulting, directly or indirectly, from said minor's participation in the Field Trip.

I/We also RELEASE and discharge Interfaith Action from any and all claims, damages, losses or expenses of whatever kind or nature which said minor may have or acquire arising out of or resulting from, directly or indirectly, his/her participation in the Field Trip.

I/We furthermore agree to defend and INDEMNIFY Interfaith Action against all claims, damages, losses or expenses of whatever kind or nature which said minor may have or acquire arising out of or resulting from, directly or indirectly his/her participation in the Field Trip, and to defend and INDEMNIFY Interfaith Action against any claim, damage, loss or expense of whatever kind or nature that Interfaith Action may have to pay that arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in the Field Trip.

I/We hereby authorize Interfaith Action's employee(s) or agent(s) who is supervising said minor to act on our behalf in authorizing and consenting to emergency medical care for said minor if he/she becomes ill or is injured while participating in the Field Trip. This Authorization and Consent may be presented to the appropriate emergency medical staff at such time as emergency medical care is required. I/We hereby RELEASE and discharge Interfaith Action from any and all claims of any nature whatsoever, which may arise out of the decision to provide emergency medical care.

Signature: _____

Relationship to Participant: _____ Date: ____/ ____/ ____

Signature: _____

Relationship to Participant: _____ Date: ____/ ____/ ____