

HarborHouse

of Central Florida

YOUTH SUMMIT CONSENT FORM

Dear Parent/Guardian,

Your child has been given the opportunity to participate in our 2nd annual Youth Summit, along with other young men and women in your community.

Below are examples of the topics we will discuss at the Youth Summit:

- Understanding Healthy Relationships
- Defining Respect and Abuse
- Effective Communication and Conflict Resolution
- Bullying
- Overcoming Gender Stereotypes
- Gender Stereotypes and the Media
- Allies to Women
- Dating Relationships
- Bystander Intervention

If you would like your child to participate in this exciting opportunity, please complete and sign the attached permission and release forms. As the parent/guardian of your child, you play the most important role in teaching your child about healthy relationships.

If you have any questions about our annual Youth Summit, please feel free to contact me.

Sincerely,

Cynthia Valdez

Community Engagement Manager

Harbor House of Central Florida

Phone: 352-408-4763

Email: cvaldez@harborhousefl.com

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of Central Florida

Youth Summit Permission Form

Please print clearly

Today's Date: _____

Participant's Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Alternative phone: _____

E-mail (optional): _____

_____ I hereby give permission for my child to participate in the all activities that will be given at the 2nd Annual Youth Summit.

Signature of Parent/Guardian

Date

Release of Liability Form

In consideration of my child _____ participating in the Youth Summit, I hereby release all Harbor House of Central Florida personnel and volunteers, the City of Orlando, and the Orange County School Board from any and all liabilities for damage to, and/or loss of personal property, sickness and injury from whatever source, etc. which might occur while participating in any activities. I further understand that the sponsoring entities provide no medical coverage for these activities. Should I and/or my child incur medical expense, I understand that I am solely responsible for such costs. I understand that participation is voluntary and I freely choose to participate and/or grant permission for my child to participate in the Youth Summit.

_____ I have read and understand the above information thoroughly and voluntarily agree to the terms and conditions.

Emergency Contact Information

In case of an emergency and I'm unable to be reached, please contact:

1. Name _____ Relationship _____

Phone _____

2. Name _____ Relationship _____

Phone _____

Parent/Guardian Signature

Date