

# CADCA's 2011 National Leadership Forum: National Youth Leadership Initiative

## Parent/Guardian Consent Form

### Statement of Informed Consent for Parents/Guardians

February 7 - 10, 2011 ★ Gaylord National Hotel & Conference Center, National Harbor, MD

This form describes a training event being conducted with youth and their adult advisor(s) from community coalitions across the nation. The purpose of this training is to help prepare young people for civic engagement and to contribute to the development of safe, healthy and drug free communities as current and future leaders. The organization conducting the event is the Community Anti-Drug Coalitions of America (CADCA) headquartered in Alexandria, Virginia. If you agree to have your youth participate in this event, he/she will be asked to participate in a comprehensive training experience with his/her adult advisor(s) who has agreed to assume responsibility for him/her while traveling and during the event. Understand that there will be no anticipated personal risks because of participation in this training event.

**Photograph/Video Waiver** – By signing this form, you give permission to the adult advisor(s) and CADCA to use photographs, videotapes, film and audio in which your youth appears as a participant for educational and publicity/promotional purposes for or related to CADCA's and/or the coalition's work. These can also be used by CADCA in published materials.

**Permission for Medical Treatment** – In the event of an emergency in which the parent/guardian cannot be contacted, emergency medical staff, the adult advisor(s) and CADCA may take appropriate action as needed.

**General Release of Liability** – The undersigned agrees to release, waive, discharge, and hold harmless CADCA, its directors, officers, employees, agents, and volunteers from any and all claims, suits, losses, or related causes of action for damages during or arising in any way from participation in this training event.

You are being asked whether or not you will permit your child to participate in this training event. If you wish to give permission to participate, and you agree with the statement below, please sign in the space provided.

*I understand the information provided in this form and agree to allow my child to attend as a participant in this youth leadership experience. I am 18 years of age or older. I have read and understand the above statements. All my questions about my child's participation in this training event have been answered to my satisfaction.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Youth's Name \_\_\_\_\_

Adult Advisor	CADCA – Meetings & Events
Name:	Name: Laura Steyer
Cell Phone:	Phone: 1-800-54-CADCA
Email:	Email: <a href="mailto:lsteyer@cadca.org">lsteyer@cadca.org</a>