



**Parent/Guardian
Consent Form & Liability Waiver**

Participant's Name: _____

Parent/Guardian's Name: _____

Address: _____

City: _____ Zip: _____

Home #: () _____ Parent Cell #: () _____

Parent/Guardian's Email Address: _____

I, (Parent/Guardian) _____, grant permission for my child

(Child's Name) _____ to participate in YAHL, managed by Rescue Agency Public Benefit, LLC.

During participation in YAHL, I understand photos, videos, or other multimedia will be produced. I understand these images of the participants may be used royalty free to promote YAHL, its campaigns, and/or Rescue Agency Public Benefit, LLC in Oklahoma or other areas but only in connection with sharing the positive impact youth have on public health initiatives.

As part of Participant's participation, I understand and acknowledge that Participant will be utilizing Rescue's proprietary youth engagement system, MyDot (my.YAHLOK.org), to track campaign progress and the completion of specific activities related to the program.

YAHL has built in some evaluation activities to help better understand how well the program is reaching its goals. Staff from the University of Oklahoma Health Sciences Center, Hudson College of Public Health (OUHSC) will help with the evaluation activities. These activities include using surveys and group interviews to ask participants about their likes and dislikes about the YAHL program and how the program has impacted them. Personal information is confidential and participants will not be identifiable by name or description in the survey or group interview summaries. OUHSC evaluation staff ask your permission for Rescue to share your and your child's contact information for an invitation to participate in the surveys and group interviews. Participation in the evaluation is voluntary and will not impact you or your child's participation in the YAHL program. Please check the box below if you would like to give permission for your child to participate.

I grant my permission to share my and my child's contact information with staff at OUHSC for the purpose of being invited to participate in the evaluation activities described above and permission for my child to participate in evaluation activities if they choose to do so.

I do not grant my permission to share my and my child's contact information with staff at OUHSC nor grant permission for my child to participate in evaluation activities.

I recognize and acknowledge that Rescue is not responsible for transportation to or from any program activities, and assumes no responsibility for accidents, injuries, or sudden illnesses that occur during travel to or from any program activities.

In consideration of the above child's (the "Participant") participation in YAHL, I hereby waive all claims or causes of action against Rescue Agency Public Benefit, LLC and the directors, employees, and agents of Rescue Agency Public Benefit, LLC, arising out of the Participant's participation in any activity, and hereby release, hold harmless, and discharge Rescue from any and all liability in connection therewith.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named Participant.

Signature of Parent/Guardian

Date

Signature of Youth Participant

Date