

Parental Waiver and Consent form

Authorization and Acknowledgment: By signing this waiver and consent, I the legal parent/guardian grant permission for myself/my children to participate in any activities including but not limited to weekend community events, and enrichment groups. I recognize and acknowledge the inherent risks that these activities may present for me/my children. I acknowledge that the possession or use of alcoholic beverages and illegal drugs are strictly forbidden. I understand the possession of any weapon (firearm, knife, explosives, etc.) is strictly prohibited. Because I acknowledge the risks of attending myself or allowing my children to participate, I agree to release and hold harmless the volunteers of Bridge Builders to the New Generation, directors, officers, and affiliates from any and all injury claims of any other nature which may result from my/my children's participation at and travel to or from activities. In order to effectively monitor progress, Change the Narrative Project requests parental/guardian consent through a waiver to access: Student ID, First & Last name, Date of Birth, Gender, Ethnicity, English language, Disability status, Parent Educational level, Academic Testing Records, Transcript Info, and Discipline data.

Medical Consent: I give my permission for Bridge Builders to the New Generation members and volunteers to provide and arrange for any necessary medical treatment to myself/my children while under their care, offsite emergency care. **I accept responsibility for the costs of all such medical treatment.**

I accept

I decline medical care for my child and/or family.

Photography Release: I grant permission to Bridge Builders to the New Generation members, volunteers, and affiliates to utilize my appearance, performance, or voice in any manner and media throughout the world for promotion, reporting, or publication. Additionally, Bridge Builder to the New Generation members, volunteers, and affiliates may use my child/my children's name, likeness, voice, and biographical material in connection with the publication, promotion, exhibition and distribution of such material. I understand that no royalty, fee, or any other compensation of any kind shall become payable to me because of such release and use of any photograph.

I accept

I decline photography release for my child and/ or family.

Please contact Bridge Builders to the New Generation CEO Shamawn Wright should you have any questions.

Email: Bridgebuildersng@gmail.com (925) 726-7671

I have read this form carefully and have had all questions answered before signing this legal document and giving the consents and waivers contained in it. I acknowledge that this is a legal document, and my agreement will bind me to its terms.

Print Name:

Date:

Signature:

Date:

First Name:

Middle Name:

Last Name:

School:

ID#

Grade Level:

What is your gender orientation?

Male

Female

LGBTQ+ (Lesbian, Gay, Bisexual, Queer, Transgender, etc.)

Non- conforming

I'd rather not say

Racial/ ethnicity groups

White

Black or African American

American Indian or Alaska Native

Asian

Native Hawaiian or Pacific Islander

Hispanic/ Latino

Other

What is your grade point average (GPA)?

0.0- 1.0

1.0 - 2.0

2.0 - 3.0

3.0 - 4.0

4.0+

EMERGENCY CONTACT INFORMATION

Child's Name:

Birthdate:

Parent/Guardian:

Home Work

Cell Phone

E-mail Address:

Home Address:

Emergency Contacts (when attempts to reach parents are not successful)

Name #1:

Home

Work

Cell Phone

Name#2:

Home

Work

Cell Phone

Child's Medical Care

Hospital to take child in case of an emergency:

Child's Health Insurance

Name of Insurance Plan:

Certificate Number (or ID) #:

Policy Holder's Name:

Special Conditions, Disabilities, Allergies, or Medical Information for
Emergency Situations: