

TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for my daughter/son/ward _____
(Name of Student - please print)
at _____ in _____ grade
(School) (Grade)

to participate in all Beyond Differences events for the 2020-2021 school year AND permission for my daughter/son/ward to attend the retreat on the following dates:

- Sunday, October 25, 2020 at approximately 8:45 AM - 3:45 PM at The Kennedy School: 5736 NE 33rd Ave. Portland, OR 97211. Additional details to come.
- Sunday, January 24, 2021 at approximately 8:45 AM- 3:45 PM at The Kennedy School: 5736 NE 33rd Ave. Portland, OR 97211. Additional details to come.

Date: _____ Parent or Guardian Signature: _____

Print Name: _____

Contact Information:

Emergency Number(s) for Parent/Guardian:

1. _____
(Name of Guardian) (Phone Number of Guardian)

(Home Address) (City) (State) (Zip Code)

(Parent Email Address) (Employer)

Preferred Contact for Logistics and Dates: Text Message Email Phone Call

2. _____
(Name of Guardian) (Employer) (Phone Number of Guardian)

Should Beyond Differences Staff administer medication on the retreat or at events?

- Yes, I would like Beyond Differences staff to administer medication to my child
- No, my child will self-administer medication

I understand that if I selected 'Yes' above, it is my responsibility to give the medication directly to program staff with full instructions in individual dosage containers, clearly labeled envelopes or in original prescription bottles. I hereby acknowledge that the information provided for the dispensing of medication for my minor child, guardian, or ward is accurate. I also understand that it is my responsibility to inform the agency of any changes in the dispensing of medication.

Date: _____ Parent or Guardian Signature: _____

Is your student disabled? Yes No

If yes, does s/he need accommodations? Yes No

If yes, please explain: _____

Health Insurance Plan Name: Subscriber/Policy No. _____

Doctor's Name: _____ Doctor's Phone: _____

Are immunizations and vaccinations up to date? Yes No

Authorization to Treat Minor: In the event that I, or other parent/guardian, cannot be contacted, I hereby give permission to Beyond Differences' staff to secure proper treatment for my daughter/son/ward.

Authorization to Administer Emergency Treatment: I give permission for my daughter/son/ward to receive treatment for routine medical and/or first aid needs. I understand that in the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to Beyond Differences to give emergency medical and surgical treatment and hospitalization as necessary for my child and/or dependent minor by a licensed physician. I know of no reason(s) other than the information indicated on this form, why my dependent should not participate in prescribed activities.

Date: _____ Parent or Guardian Signature: _____

Print Name: _____

Important Notice & Waivers:

All persons making the field trip or excursion shall be deemed to have waived all claims against Beyond Differences or the State of Oregon for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.

I understand that there are some risks involved in the trip covered by this permission form. I expressly and voluntarily assume all risks in connection with or arising out of my son/daughter/ward's participation in the trip. I acknowledge there may be other risks not known to me or not reasonably foreseeable at this time and am hereby waiving any and all rights and benefits conferred by any statute, regulation, or principle of common law or civil law of the United States, of any state, commonwealth, territory, or other jurisdiction thereof, or of any foreign country or other foreign jurisdiction.

I also hereby release, discharge and covenant not to sue or make any claim against, Beyond Differences or any of its directors, officers, employees or agents ("Releasees") and hereby waive any and all claims against the Releasees for any actions, demands, losses, damages, liabilities, costs, or expenses in connection with, arising out of, or related to my son/daughter/ward's participation in the trip.

Consent and Release for Pictures, Video, and Recordings

Beyond Differences holds events and activities in which students might be photographed, video-taped, filmed, or recorded. In order for these pictures, videos, and recordings to be used by Beyond Differences and authorized third parties, parents or guardians must consent to and release rights to them by agreeing to the following:

I am the parent/guardian of the above-named student. I have been informed by Beyond Differences that my child will participate in planned activities throughout the year where my child might be photographed, videotaped, filmed or recorded by Beyond Difference staff or a third party. I understand this is a valuable learning experiences for my child, and I agree to allow my child to participate in this activity or event as stated in this Consent and Release Form.

I authorize Beyond Differences, or any third party it has approved, to record my child's name, likeness, image, voice and performance through film, photograph, pictures, videotape, digitally or through any other process as part of the activity or event. I further agree that any recording may be edited at the sole discretion of Beyond Differences, or any third party Beyond Differences approves, and used in whole or in part by Beyond Differences, or any third party Beyond Differences approves, for any and all broadcasting, publication, distribution, training, audio/visual, or exhibition purpose in any manner or media.

I understand that I and my child shall have no intellectual property or other legal right or interest in or arising from the recording in any way, including but not limited to any royalty or other economic right or interest that could arise from any publication, broadcast, or reproduction of the recording or the activity or event.

I also agree to release and hold harmless Beyond Differences from and against all actions, claims, demands, lawsuits, damages, losses, expenses and liabilities of every kind or nature, including but not limited to reasonable attorney's fees, arising out of this activity, or arising out of or any use of the recording.

I understand this Form contains the entire agreement and understanding between Beyond Differences and me and may not be amended.

I understand that Beyond Differences (a nonprofit corporation) with offices at 711 Grand Ave. Suite 200, San Rafael, CA, and its successors have permission and irrevocable absolute royalty-free right to use, adapt, modify, reproduce, distribute, publicly perform and display Released Matter, in whole or in part, individually or in conjunction with other materials for any purpose whatsoever, throughout the world, including but not limited to the purposes of producing and marketing whether that be through film, videotape, photographs, quotations, broadcast, cablecast, internet, social media, CD-ROM and any other medium or method now or later developed.

I understand the above agreements,

Date: _____ Person/Student Filmed: _____

Parent or Guardian Signature: _____

Parent or Guardian Printed Name: _____

Parental / Guardian Consent to Participate in Beyond Differences Research

During the 2019-2020 school year, Beyond Differences may seek your child’s feedback on his/her experience in our program to help improve programming efforts. As a youth-led organization, we highly value and continuously seek to learn from our youth participants’ input.

If you are the parent or legal guardian of a child who may participate in Beyond Differences this school year, your permission via this form is required for us to be able to include your child in our research process to help inform the organization’s planning and decision-making.

Below are more details, followed by a section seeking your consent.

DESCRIPTION: With your permission, your child may be invited to participate in ongoing program evaluation to better understand how Beyond Differences’ programming is being implemented, how its programming is perceived and experienced by participants, and how its efforts may be improved.

She/he/they may be asked to participate in a focus group and/or asked to complete a short survey during a regularly scheduled meeting time with Beyond Differences. This program evaluation values and appreciates your child’s open and honest perspective – there are no ‘right’ answers.

Please note that your child’s individual privacy would be protected, and his or her anonymity would be maintained in all informal and formal publications and communications resulting from the study.

Your decision whether or not to allow your child to participate in this research/feedback process is completely voluntary and will not affect his/her participation in Beyond Differences programs or activities. Furthermore, if you give your permission for your child to participate in this survey or focus group research, please understand his/her participation is voluntary and s/he has the right to discontinue participation at any time. S/he also has the right to skip or refuse to answer particular questions.

PLEASE INITIAL EACH OF THE FOLLOWING THAT YOU PERMIT:

I give consent for my child to participate in an anonymous feedback survey about his/her experience with Beyond Differences.

Please initial: **Yes** **No**

I give consent for my child to participate in a focus group (i.e., group discussion facilitated by a researcher).

Please initial: **Yes** **No**

Signature of parent/guardian (SIGN) _____ Date _____

This parent consent form expires one year after the date of signature. If you have any questions, please contact the Regional Program Director: sherilouis@beyonddifferences.org