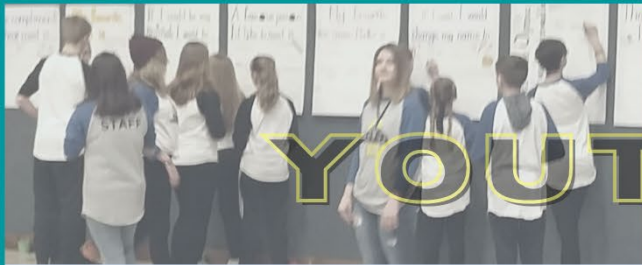




YOUR CHILD WAS SELECTED TO:

**EXCLUSIVE FREE EVENT
FOR 5TH - 7TH GRADE YOUTH
IN NORTHWEST OHIO**



DEVELOP

LEADERSHIP AND
COMMUNICATION
SKILLS

UNDERSTAND

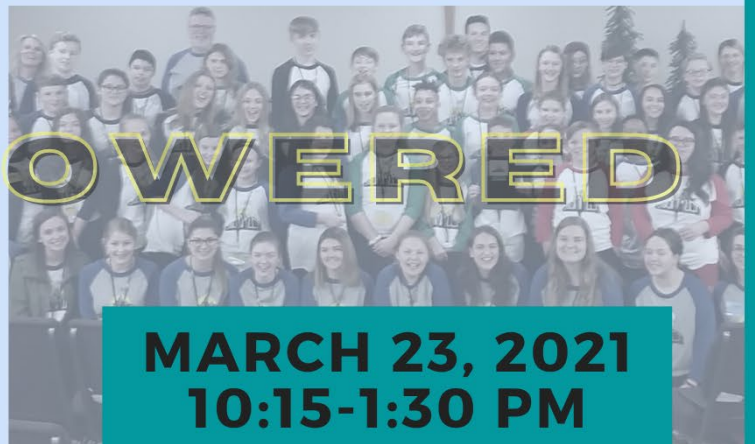
THE VALUE OF YOUTH
LED PROGRAMS

LEARN

THE BENEFITS OF
YOUTH VOICE

EMPOWERED

EVENT HOSTED IN
PARTNERSHIP WITH NWO
NETWORK, HC3, AND THE
FULTON COUNTY HEALTH
DEPARTMENT



**MARCH 23, 2021
10:15-1:30 PM**

VIRTUAL EVENT

MORE INFO? CALL BETH: 419-337-0915 OR VISIT: [HC3PARTNERSHIP.ORG/YOUTH/THE-SUMMIT](https://hc3partnership.org/youth/the-summit)

The Summit 2021 Parental Permission Form

Name: _____ Grade: _____ School: _____

The Summit 2021 will be attended virtually on March 23, 2021 from 10:15 am-1:30 pm.

IN CONSIDERATION OF Healthy Choices Caring Communities, NWO Network, and the Fulton County Health Department allowing my child to participate in The Summit 2021, I agree on behalf of my child:

1. **TO ASSUME and ACCEPT ALL RISKS** arising out of, associated with or related to my child's participation in The Summit 2021.
2. **TO WAIVE and RELEASE Healthy Choices Caring Communities, NWO Network, and the Fulton County Health Department** from any and all liability for any loss, damage, injury or expense that my child may suffer, or that my next of kin may suffer as a result of my child's participation in the activities due to any cause whatsoever.
3. **TO INDEMNIFY and HOLD HARMLESS Healthy Choices Caring Communities, NWO Network, and the Fulton County Health Department** from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my child's participation in the activities.
4. **TO INDEMNIFY and HOLD HARMLESS Healthy Choices Caring Communities, NWO Network, and the Fulton County Health Department** from any and all claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise out of my child's participation in the activities.

YOUTH PARTICIPATION CONSENT

Acknowledgment of Participant:

I, the undersigned Participant, understand that I am responsible to act in a safe and responsible fashion, to follow the instructions or directions of the persons in charge of The Summit 2021, and to obey requests to comply with safety regulations as directed by the persons in charge, including designated leaders. I acknowledge that it is my responsibility to obtain and wear appropriate safety equipment. I will not endanger the safety of others or myself at any activities. *I also understand that I may be photographed or appear in video for such purposes as Healthy Choices Caring Communities, NWO Network, or the Fulton County Health Department deems necessary.*

Acknowledgment of Parent or Guardian of Participant:

I, the undersigned Parent or Guardian of the Participant, hereby authorize and consent to the Participant's involvement in The Summit 2021.

I understand that my child may be photographed or appear in video for use in digital or print media, or any such purposes as Healthy Choices Caring Communities, NWO Network, or the Fulton County Health Department deem necessary.

I understand that I am consenting to my child attending The Summit 2021 virtually on March 23, 2021 from 10:15-1:30 pm.

ACKNOWLEDGEMENT and SIGNATURE

I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT that is binding upon myself and my heirs, executors, administrators, successors and assigns. **I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT** and **I ACKNOWLEDGE THAT** by signing this agreement voluntarily, I am agreeing to abide by its terms and I am waiving certain legal rights that my child or I may have.

**This Consent, Authorization and Acknowledgment shall be effective from and including
March 23, 2020.**

Signature of Parent or Guardian Date

Signature of Participant Date

Printed Name of Parent Date

Printed Name of Participant Date