

Dear Parent or Guardian:

In order for your child to participate in the For Ryan's Sake program, we need your consent and involvement in helping your child have a productive and safe experience. Please carefully read and sign this parental consent form. If you have any questions or would like further information, please call Brandy Olivis at (803) 979-0953 or email: info@forryanssake.org.

Name of child: _____ Birth Date: _____
Address: _____
City/State _____ Zip Code _____
School _____ Grade _____
Student's Telephone No. _____

PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY:

Name _____
Relationship to Child _____
Phone: Home _____ Work _____ Cell _____
Insurance: _____ Policy Number: _____
Policy Holder Name: _____ Policy Holder DOB: _____

In connection with and consideration of my child's (_____) participation in the For Ryan's Sake program and related activities, I, on behalf of my child and myself, hereby represent and agree as follows:

- I understand that my child will be a participant in the For Ryan's Sake's program and related activities, and I hereby give permission for him/her to serve in that capacity at his/her current school or at the mentorships' program site.
- I understand that my child will be provided with the orientation and training necessary, and as needed, for the safe and responsible performance of the duties assigned. He/she will be expected to meet all the requirements of the program, including regular attendance and adherence to the For Ryan's Sake's policies and procedures.
- Should my child require emergency medical treatment, first aid, or transportation to a hospital or medical facility as a result of illness or injury associated with my child's participation in the For Ryan's Sake program or related activities, I consent to any such treatment, first aid and/or transportation that may be provided to my child, and understand that For Ryan's Sake and its affiliated mentorship programs will not be responsible for any costs associated with any of the foregoing.
- I authorize the release of educational recommendations, reports cards, interim reports, and testing from my child's school to the For Ryan's Sake designated Secretary for tracking purposes.

- I understand that as a member of the For Ryan's Sake program and related mentorship partnerships, my child may participate in physical activity. I represent and warrant that my child is in good physical condition, and has no physical, health related or other problems which would preclude or restrict his/her participation in this program or related activities or otherwise render his/her participation dangerous or harmful to him/her or others, and that he/she is allowed to participate in physical activity, which includes but is not limited to basketball, non-contact football, calisthenics and weight lifting.

- I understand that as a participant in the For Ryan's Sake program and related activities, my child may be provided food and it is the responsibility of my child to ask about ingredients in all food he/she chooses to ingest, and I have discussed this responsibility with him/her.

- I authorize the For Ryan's Sake office to publish or release to the media any pictures of my child during his/her time as a participant in an approved For Ryan's Sake affiliated mentorship program for promotional or recognition purposes only.

Please check box if you do not consent to this statement. This box, if left unchecked, means that you do consent to any publications or media release. *Note: The statement regarding the publishing or releasing to the media your child's photograph does not hinder the process of your child from becoming a participant in an approved For Ryan's Sake affiliated program.*

- I, _____, certify that I am the parent or legal guardian of the child (_____) and that I have the right to make decisions for my child that affect his/her well-being. I recognize and acknowledge that physical injury, accident, illness, death, loss of personal property, or other contingencies may befall my child as a participant in the For Ryan's Sake program and related mentorship partnerships. I understand that my child is not in any way required to participate in the program and related activities, and despite these risks, I want him/her to participate in the preceding. In light of the preceding and with sufficient knowledge of my child's physical and other conditions and limitations, if any, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property which my child may, in any way, sustain in connection with his/her participation in the program and related activities. In consideration of my child's participation in the program and related activities, I agree to release For Ryan's Sake and its trustees, officers, employees, agents, partnerships, and volunteers from any and all liabilities, damages, losses and/or causes of action (collectively, "Claims") that I or my child may suffer or have, including without limitation, to our persons or property or both, which arise out of, are related to or in connection with, or occur during, my child's participation in or attendance at the program and related activities except to the extent any such Claims are caused by the gross negligence or willful misconduct of the employees of For Ryan's Sake and its mentorship partnerships. I further agree to indemnify and hold harmless For Ryan Sake's and its trustees, officers, employees, and volunteers from any and all claims arising out of, related to, or in connection with the program or related activities that are caused by my or my child's negligent or intentionally tortuous acts and/or omissions.

- I agree that this agreement shall be governed by the laws of the State of South Carolina without giving effect to any choice or conflict of law principles of any jurisdiction, and if any portion of this agreement is held invalid, the remainder of the agreement shall continue in full force and effect.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ, FULLY UNDERSTAND AND AGREE TO THE TERMS OF THIS AGREEMENT, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Parent/Guardian's Full Name (please print): _____

Parent/Guardian's Telephone No: _____

Signature: _____ Date: _____