

## 'Be the Change' Youth Training Program Youth Attendance Agreement, Liability Waiver, and Consent Form

**Instructions:** A separate copy of this waiver must be completed for each youth traveling to the National School-Based Health Care Convention (the "Convention"). Each youth must submit a copy of this form signed by the youth, parent/guardian (if under 18 years of age), and attending chaperone to attend the Convention. By signing this waiver, you agree that you are giving up legal rights and remedies available to yourself and your family. Read and complete this form carefully.

Youth's Name:
Youth Contact Number (Cell):
Youth's Email:
Parent/Guardian's Name(s):
Home Address:
City, State and Zip Code:
Parent/Guardian's Contact Number (Home):
Parent/Guardian's Contact Number (Cell):
Parent/Guardian's Contact Number (Work):
Parent/Guardian's Email:

Chaperone's Name:
Chaperone's Relationship to Youth:
Chaperone's Contact Number (Home):
Chaperone's Contact Number (Cell):
Chaperone's Email:

Alternative Emergency Contact, if Parent/Guardian are Unavailable:
Emergency Contact's Name:
Emergency Contact's Relationship to Youth:
Emergency Contact Number (Home):
Emergency Contact Number (Cell):
Emergency Contact Number (Work):

## 'Be the Change' Youth Training Program Rules for Youth Attendance

- **ATTENDANCE AT ALL PROGRAM EVENTS IS MANDATORY**--no exceptions. Due to liability and safety issues, you cannot come and go as you please. Attendance will be taken throughout the day.
- **POSSESSION AND/OR USE OF ALCOHOLIC BEVERAGES OR ILLEGAL DRUGS BY STUDENTS IS FORBIDDEN.** Any misconduct of this nature will result in immediate expulsion from the Convention and notification of your chaperone and parents. Participants are responsible for transportation home in cases of expulsion. This rule is rigorously enforced! **SMOKING IS PROHIBITED AT ALL TIMES DURING CONFERENCE EVENTS.**
- **ROOM ASSIGNMENTS** - Establishing rooming assignments and boundaries is the responsibility of the chaperone, so be mindful and respectful of differing rules within each party. Any instance that results in dismissal from the program will be at the expense of the attendee's parents (or themselves) without exception.
- **SHOW RESPECT TO ALL SPEAKERS, PARTICIPANTS AND MEETING ROOMS.** Even though you may disagree or be bored with a speaker or another participant, please show them your respect. Slumping, slouching and sleeping will not be tolerated. All conference rooms and auditoriums must be left in perfect condition. All papers, gum wrappers and cans--even those left by others--MUST be picked up prior to departure of each program site. All passengers commuting with you must also be registered.
- **CURFEW** - Establishing curfew is the responsibility of the chaperone for each night throughout the program.
- **APPROPRIATE DRESS** - Remember, you are representing students from all over the county, as well as the School-Based Health Alliance. Please do not wear clothing that would be offensive to others. The dress code for the Convention is business casual.
- **HOTEL BEHAVIOR** - No moving of mattresses, furniture, etc. in hotel rooms. Quiet is required on the hotel grounds at all times. Do not hang or throw things out hotel windows. No group gatherings allowed on hotel room floors. No more than five people in a room at a time. Hotel noise curfew is 10:00 PM.

## **Expectation Statement for Adult Chaperones Accompanying Youth**

Capable, caring adult chaperones will play an important role in the lives of youth involved in the 'Be the Change' Youth Training Program. This expectation statement acknowledges the need to provide the safest environments possible for youth.

This form applies to all adults, paid staff and volunteers, accompanying the youth to the Convention. The adult agrees to conduct herself/himself in a responsible manner and abide by all expectations as stated below.

- The adult shall consider herself/himself the youth's support person.
- The adult will enforce all written and signed behavior expectations established for youth participation in the event. This will include room checks, when appropriate.
- The adult should provide the youth with information on how they can be reached, and should be accessible to consult with youth participants when needed.
- The adult is responsible for ensuring the youth arrives to the assigned meeting location at the beginning of each conference day, and is responsible for retrieving the youth at the designated location at the end of each conference day.
- The adult will keep on their persons at all times information related to health conditions and health insurance for each youth in their charge for use in handling emergency situations.
- The adult will not dispense medication or anything relating to the physical or mental health of the youth, unless specifically directed in writing by the parent or guardian. The adult should be aware of all medications to be taken by the youth.
- In an emergency situation, the adult will act in the best interest of the youth; and seek assistance from School-Based Health Alliance event coordinator, convention staff, medical and/or law enforcement personnel as needed.
- In the case of inappropriate youth behavior, the adult shall consult with local and/or home county contacts in determining appropriate disciplinary action.
- The accompanying adult will participate in assigned activities and assist with arrangements as needed.
- The possession and/or use of drugs and/or alcohol are not allowed during the entire trip or event.
- Sexual contact of any type with ANY youth is strictly forbidden.
- Swearing, cursing and abusive language is not condoned.

## Waiver of Liability

**Nature of the Convention Event:** I understand that the nature of this private Convention event sponsored by the School-Based Health Alliance is to be held at American University in Washington, D.C.; from Monday, June 26 through Thursday, June 28, 2023 and will consist of workshops, activities, and an excursion to engage youth in active participation within a school-based health setting.

**Nature of Risks:** I understand that voluntarily traveling to and attending the Convention of this nature may involve certain risks beyond the reasonable control of the School-Based Health Alliance, its staff, officers, volunteers, chaperones, and agents in connections with the Convention (et al). These risks include, but are not limited to, accidents and emergencies and the School-Based Health Alliance et al disclaim any and all responsibility for any such risks. I understand that my child will sometimes be at the Convention facilities, and at other times may be at other places such as tourist excursions in the greater Washington, D.C. metropolitan area.

**Waiver of Liability:** By signing this liability waiver, I agree and acknowledge that I may be giving up important legal rights and remedies to myself, my family, my heirs, and assigns.

For value received, I agree on behalf of myself, my child's other parent if known or living, my child named herein, and our heirs, successors, and assigns ("Our Behalf") that I assume all risks and waive any liability of any nature whatsoever against and agree to hold harmless the School-Based Health Alliance et al with respect to any and all actions, claims, and/or demands that may be made or brought on Our Behalf against the School-Based Health Alliance et al arising out of or in connection with my child's travel to or attendance at the Convention, or any other activity my child may engage in while in the Washington, D.C. metropolitan area.

Further, for value received, for any injury to third parties that may arise because of my child's actions or omissions, I agree to hold harmless and defend the School-Based Health Alliance et al with respect to any and all actions, claims, expenses, or demands arising therefrom that may be made or brought against the School-Based Health Alliance et al, including but not limited to reasonable attorneys' fees and expenses arising in connection therewith.

**Medical Permissions (Limited):** As a condition attending the Convention, I grant permission in the event of an emergency or accident for emergency medical care to be administered to my child within the Convention facilities and/or during or after transportation to a hospital or doctor for emergency medical care. I further understand that it is not the responsibility of the School-Based Health Alliance et al to attempt to reach my child's emergency contacts and that I remain responsible for my child's medical expenses. In the event it comes to the attention of the medical personnel or the School-Based Health Alliance et al that my child complains of illness, I grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child by medical personnel or the School-Based Health Alliance et al.

## Consent Form

**Parent/Guardian (if under 18 years of age):** I agree to instruct my child to abide by all rules and regulations as outlined in the above “School-Based Health Alliance Convention Rules for Youth Attendance.” I understand that if I have not heretofore seen the “School-Based Health Alliance Convention Rules for Youth Attendance,” it is my duty to seek a copy of them and have them reviewed and explained to my child prior to signing this waiver. I agree that if my child fails to abide in any way by the rules, that my child can be dismissed from the Conference and sent home immediately at my expense with no right of reimbursement or refund for any amount in connection therewith from the School-Based Health Alliance et al.

Initials of Parents/Guardian\_\_\_\_\_

**Youth:** As a participant in the Convention, I understand and agree to abide by all rules and regulations as outlined in the above “School-Based Health Alliance Convention Rules for Youth Attendance.” I also understand and agree that my parent/guardian will be notified at the time of any infractions requiring my dismissal from the Convention and that I will be sent home at my parent's/guardian's expense.

Initials of Youth\_\_\_\_\_

**Chaperone:** As the chaperone, I understand and agree to be responsible for helping to ensure that the youth I am accompanying to the Convention abide by all rules and regulations outlined in the above “School-Based Health Alliance’s Convention Rules for Youth Attendance.” I also agree to accompany youth from my site to any and all activities that extend beyond the Convention facilities; these activities can be part of the Convention agenda or recreational. I also agree to notify and inform the School-Based Health Alliance of any emerging incidents and accidents involving the youth I am accompanying.

Initials of Chaperone\_\_\_\_\_

**Conference Fee Nonrefundable:** I agree that if my child suffers an illness requiring dismissal from the Convention, there is accident or emergency requiring dismissal of my child from the Convention, my child commits an infraction of the Code, or if the Convention must be discontinued in event of accident or emergency, my child must return home at my expense, and I assume the risk of any loss of any nonrefundable or additional costs associated with travel and fees for the Convention, with no right of reimbursement or refund for any amount in connection with therewith from the School-Based Health Alliance et al.

Initials of Parents/Guardian\_\_\_\_\_

**I fully understand the consequences of and sign this “Youth Attendance Agreement, Liability Waiver, and Permission Form” knowingly, freely, and willingly.**

Signature of Parent/Guardian\_\_\_\_\_

Date\_\_\_\_\_

Signature of Youth\_\_\_\_\_

Date\_\_\_\_\_

Signature of Chaperone\_\_\_\_\_

Date\_\_\_\_\_

## Release for Photo and Video Usage

The School-Based Health Alliance is authorized to publish photos and/or videos taken of me and my name and likeness. The School-Based Health Alliance has my permission to use this photo or video to illustrate the organization's publications, electronic communications (including [www.sbh4all.org](http://www.sbh4all.org)), and audiovisual productions.

I acknowledge that I will not receive financial compensation of any type associated with the taking or publication of these photos or videos. I hereby release the School-Based Health Alliance, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials from liability for any claims by me or any third party in connection with my participation.

### Authorization

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_  
(if applicable)

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_