

**Parent or Guardian Consent
Salt Lake County Afterschool Programs
Magna Summer Blast 2015**

**IMPORTANT: THIS IS A LEGALLY BINDING AGREEMENT; PLEASE READ BEFORE
INITIALING EACH SECTION**

As a parent or legal guardian of _____, I hereby give my consent for him/her to participate in any and all activities provided by the Salt Lake County Junior High Afterschool Program (ASP) Summer Survivors operated by Salt Lake County. _____

I recognize that there is an element of risk in any out-of-house settings including the ASP. My child may be exposed to physical hazards, emotional demands, communicable diseases, weather conditions or other unanticipated events. _____

I authorize my child to participate in the programs at the ASP and in any and all field trips away from the school. I assume all risks of my child's participation in ASP activities. I hereby release and agree to hold harmless Salt Lake County, its employees, agents, officers, directors, instructors and volunteers and Granite School District, and its employees, agents, officers, directors, instructors and volunteers from any and all liability, loss or damage, actions, claims and demands which I now have or which may hereafter arise from my child's participation in the ASP activities. This release is intended to be binding upon my heirs, executors or personal representative. _____

I hereby certify that my child is in normal health and to my knowledge is capable of participating safely in the programs of the ASP. _____

Should any injury occur to my child during participation in the ASP, I authorize the ASP to arrange for or provide emergency medical treatment and to arrange for or provide transportation to the nearest qualified medical facility. I also understand that neither Salt Lake County nor Granite School District carry medical insurance for the ASP student participants. _____

I give consent for my child to be transported to and from the program location and/or program activities in a Salt Lake County vehicle and will not hold the County responsible for any injuries sustained during transportation. _____

I give permission for the above mentioned child to participate in the program surveys and evaluations that may ask questions concerning peer relations, substance abuse, social interactions, family dynamics and program satisfaction and participation. I understand that all program evaluations will be conducted in a professional manner with strict guidelines protecting anonymity of my child and that at any time any child may choose to end participation in studies conducted by the program without any negative repercussions. I also understand that these studies will be used to help improve programming and enhance the program's atmosphere. _____

I understand that while attending the program, information may be gathered via internet, telephone or in writing concerning my child's grades, citizenship marks, test scores, attendance, behavior and other school information for the purpose of studying the program's effectiveness and/or to identify areas in which the program may be able to help my child and give my permission for the program to do so with the understanding that it will be done in a professional manner and maintain the anonymity of my child. _____

A Licensed Mental Health Clinician (LMHC) is available at the school for limited on-site counseling after school. I agree to allow my child to meet with a LMHC in the event that a crisis occurs or my child requests to speak to a LMHC regarding school, family, friend issues, etc. I understand I will be contacted if on-going counseling is recommended. _____

I acknowledge and agree that the ASP is not a day care program and that my child will be free and encouraged to leave the school when ASP activities are over. Salt Lake County and Granite School District assume no responsibility or liability for damage or harm that may be caused to my child after my child has left the facility. I agree to inform ASP staff of any custody, guardianship or other issues or persons to whom my child should not be released. The program will make a good faith effort to comply with my request. However, I hereby release and hold Salt Lake County, its employees, agents, officers, directors, instructors and volunteers and Granite School District, and its employees, agents, officers, directors, instructors and volunteers harmless for any claims, demands, actions, causes of action, damages, costs, expenses and other rights of any nature whatsoever, arising out of or related to harm or damages caused to my child after my child has left the facility or arising as a result of my child leaving the facility with a person not authorized by me. _____

**I permit my child to be photographed for ASP's use in publicity and promotion with no compensation for participation.

Please check: YES _____ NO _____

(Parent or Guardian Signature)

(Parent or Guardian Printed Name)

(Date)