

**PARENTAL CONSENT TO PARTICIPATE IN
ATHLETES FOR KIDS™ YOUTH MENTORING PROGRAM**

Please initial each of the following:

_____ Under the laws of the State of Washington, I am the legal guardian of _____
(Print legal name of child)

_____ I give my informed consent and permission for my child to participate in Athletes For Kids™ Youth Mentoring Program.

_____ I understand that my child's participation in the Program will involve one-to-one time, both inside and outside my home with a high school athlete-mentor (hereafter "Mentor.") One adult household member will be at our home to monitor and approve all activities between my child and my child's mentor during this mentorship at our home.

_____ I have read and agree to follow the Athletes For Kids™ Youth Mentoring Program Handbook and Policies and Procedures. I understand that any violation of the Policy and Procedures may result in termination of the mentoring relationship.

_____ I give permission for Program staff to conduct a Washington State Patrol background check prior to the commencement of the mentorship on me and all adults living in my household.

_____ I understand that pertinent information about my child and my family relating to the mentorship will be shared with the mentor and the mentor's parents.

Waiver and Release of Liability/Hold Harmless:

In consideration of Athletes For Kids™ accepting my child into the Program and providing mentorship services to my child, I hereby fully and irrevocably waive and release any and all claims, liabilities, rights, causes of action, damages, or losses that I and/or our child may have or may assert, either now or in the future, whether now known or unknown, against the Athletes For Kids™ Program, its legal entity, and its agents, employees, representatives, founders, officers, directors, and mentors. I further agree to hold harmless the Athletes For Kids™ Program, its legal entity, and its agents, employees, representatives, founders, officers, directors, and mentors against any claims, liabilities, rights, causes of action, damages, or losses arising out of any injuries suffered by either myself or my child as a result of participating in the Program.

_____ (Print Parent/Legal Guardian's Name) _____ (Sign Parent/Legal Guardian's Name) _____ (Date)

_____ (Print Parent/Legal Guardian's Name) _____ (Sign Parent/Legal Guardian's Name) _____ (Date)

Optional Photographic Release:

_____ (optional) I agree to allow Athletes For Kids™ Youth Mentoring Program to use any photographic image of my child taken while participating in the Program. These images may be used in promotions or other related marketing materials. Athletes For Kids™ confidentiality policy does not allow Buddy names to be released with photographic image.

Optional Buddy Visiting the Mentor's House:

_____ (optional) I agree to allow our child to visit his/her Mentor home. I understand that Athletes For Kids™ would have run Background Checks on all adults that live in the Mentor's house. Also, a household adult will be available at the Mentor's home during the visit.

Medical Authorization:

_____ (optional) I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.