Second Family Works parent/guardian consent

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that I am the parent or guardian of the minor applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. By signing this form, I agree to all of the following:

1. I consent to the minor applicant’s participation in Second Family Foundation’s (“SFF”) Second Family Works (“SFWorks”) program. On behalf of my child, for myself, and for our heirs, personal representatives and assigns, I fully and forever release SFF, its officers, directors, employees, volunteers and agents from any and all claims, demands, actions, causes of action or suits of any kind arising out of my child’s participation in the SFWorks program, including during transportation to and from my child’s SFWorks employment or any other SFWorks event or program.
2. I, the undersigned, consent for SFF to have access to my child's juvenile court, medical, dental, and mental health (counseling, psychological, and psychiatric) records. I agree to allow my child's provider(s) of above named services to release their records to SFF.
3. I, the undersigned, consent for SFF to have access to my child's school records. I agree to allow my child's school to release their school records including grades, attendance, cumulative file, and discipline records to SFF.
4. I understand that my child may complete a confidential survey about his or her attitudes and opinions as part of an evaluation. I understand the information obtained may be statistically analyzed and that my child's name will be withheld for confidentiality purposes. I understand that this information, in addition to the survey, may be part of a larger evaluation and only the SFF program staff will have access to this confidential information.
5. I certify that all of the information contained in the minor’s application is correct and true.
6. I give permission to SFF to photograph/interview my minor child. I understand that SFF would only use the photograph/interview (or a portion of it) to describe, promote, or publicize SFF’s programs.
7. I release SFF from any future claims, as well as from any liability, arising from any use of the photograph/interview.
8. I understand that my child will be paid for his/her work, but that I will not receive payment of any kind for allowing my child to participate in the SFWorks program of SFF.

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

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_