

## The Supervised Programs Organized for Teens (S.P.O.T.) Network

### Consent and General Release of Liability

I hereby give my permission for my child (print name) \_\_\_\_\_ to participate in **the S.P.O.T. Network** activities, including but not limited to: attending meetings and events and traveling in vehicles driven by **S.P.O.T. Network** staff and volunteers.

I further authorize **the S.P.O.T. Network** staff, should it become necessary in the event of medical emergency (such as an accident or serious illness), to secure medical care and services for my child. *(All reasonable efforts would be taken to notify Parent/Legal Guardian in the case of a medical emergency.)*

In consideration for allowing my child to participate in this venture, on her/his behalf I do release, waive and/or discharge **the S.P.O.T. Network**, including HCI, Holcomb Behavioral Health Systems, Rocky Run YMCA, RTMSD, Media-Upper Providence Free Library, Focus Psychological Associates and its employees, volunteers, site sponsors and agents from any and all liability, of any nature whatsoever, arising out of any injury that may occur to my child while participating in a S.P.O.T. activity. I fully understand that by signing this General Release of Liability, I will not be able to file any claims or lawsuits against the S.P.O.T. Network or any of its participating organizations as listed above or that may be added after the date of signing this release for any damages or injuries that may occur to the minor child as a result of her/his participation in the above described events.

I hereby state that I have read and fully understand the above consent and general release of liability and intend to be legally bound by its terms.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Legal Guardian Phone Number: home# \_\_\_\_\_ cell# \_\_\_\_\_

Emergency Contact (name and phone number): \_\_\_\_\_

Staff Signature: \_\_\_\_\_

I hereby give my permission allowing my child's photographs to be published (print, media, website, etc.) in connection with **the S.P.O.T. Network**, and allowing their names to be mentioned in press releases/promotional materials.

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

**Information Sheet and Medical Release**

**Participant Name:**

<b>Last</b>	<b>First</b>	<b>M.I.</b>
<b>Address</b>	<b>City, State</b>	<b>Zip</b>
<b>Phone # w/ area code</b>	<b>Date of Birth</b>	<b>School</b>
<b>Email:</b> _____		

**Emergency Contact Information**

1.	_____	_____	_____
	<b>Name</b>	<b>Relationship</b>	<b>Address</b>
	_____	_____	_____
	<b>Day Phone#</b>	<b>Evening Phone#</b>	<b>Cell Phone#</b>
	_____	_____	_____
2.	_____	_____	_____
	<b>Name</b>	<b>Relationship</b>	<b>Address</b>
	_____	_____	_____
	<b>Day Phone#</b>	<b>Evening Phone#</b>	<b>Cell Phone#</b>
	_____	_____	_____

**Participant's Physician:**

<b>Name</b>	<b>Address</b>	<b>Phone</b>
_____	_____	_____

To Whom It May Concern:

This is to certify that, in case of a medical emergency, I, the parent or legal guardian of \_\_\_\_\_, who is a member of the S.P.O.T. Network, hereby grant permission to the staff, volunteers, agents, and employees of the S.P.O.T. Network to obtain medical care from any licensed physician, hospital, or medical clinic for the child named herein at such times as either the parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all S.P.O.T. Network activities, including the period required to travel to and from those activities; and I do hereby waive, release, absolve, indemnify and agree to hold harmless the S.P.O.T. Network including HCI, Holcomb Behavioral Health Systems, Media Youth Center, Rocky Run YMCA, RTMSD, Reformation Lutheran Church, Be Proud Foundation, The Center Foundation, Focus Psychological Group, Media/Upper Providence Library, Middletown Township Library, Hedgerow Theatre, and any of its participating organizations that may be added after the date of signing this release; its organizers, supervisors, participants, and persons transporting the student to and from those activities, and from any claim arising out of an injury to the student.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

I have received and read a copy of the S.P.O.T. Network Rules of Conduct: Initials: \_\_\_\_\_

*Copy to be provided to parent/legal guardian.*

## The S.P.O.T. Network

### No Tolerance Policy

As a participant of **the S.P.O.T. Network** events, you will be responsible for conducting yourself in a respectful manner toward other members, staff and employees.

Profane or insulting language is not acceptable. There is a **no tolerance policy** for individuals who physically harass, sexually harass, initiate or engage in inappropriate displays of affection (for example kissing, unwanted touching, sitting on another person's lap, etc.), bully, stalk, use racial/ethnic intimidation, or any form of intimidation for any reason, threaten and/or assault other **S.P.O.T. Network** members and/or staff. A violation of the above will result in dismissal from all S.P.O.T. events.

There is a **no tolerance policy** for individuals who manufacture, distribute, sell, transfer, solicit, purchase, possess, use, transport or import any controlled drug, narcotic substance, alcohol and tobacco product. There is a **no tolerance policy** for individuals who possess equipment and/or devices used for preparing or taking drugs, narcotics and /or alcohol and tobacco products. A violation of the above may result in criminal action and dismissal from the event and any future events.

There is a **no tolerance policy** for individuals who present to an event intoxicated or under the influence of any narcotic substance. Such individuals will be excused from the event and future events, and the police and parents/legal guardians will be contacted.

There is a **no tolerance policy** for using the internet to harass or cyber-bully others, display or send obscene images, use or install unauthorized software, and to violate copyright laws or software licensing agreements. A violation of the above may result in criminal action and dismissal from the event and any future events.

There is a **no tolerance policy** for individuals who present to an event in possession of or intention of using a firearm, weapon, knife/cutting instrument, destructive device or any other contraband. A violation of the above may result in criminal action and dismissal from the event and any future events.

There is a **no tolerance policy** for stealing, vandalism, burglary or purposefully damaging or destroying property. Violating this policy may result in criminal action and dismissal from the event and any future events. If equipment or property of a S.P.O.T. Network location is broken or found broken it is to be reported immediately.

All participants must remain in **designated supervised** areas of event/activities at all times. All participants must be alert and attentive at all times. The use of CD players, MP3 players and iPods are discouraged during events. Participants may bring cell phones but are encouraged **not** to use them during events. The S.P.O.T. Network staff, volunteers, and members are not responsible for stolen or lost property.

I hereby state that I have read and fully understand the above no tolerance policies and intend to comply with the above terms.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Copy to be provided to parent/legal guardian*