CONSENT AND ACKNOWLEDGEMENT FORM

I _____, have reviewed the Family / Student Handbook of the Enhancing Strengths &
(print student name)
Supports Program (ESS Program). I am aware of my responsibilities and the guidelines of the program, and agree to fulfill my responsibilities and at all times follow the guidelines.

I _____, consent and authorize representatives, professionals, staff members, employees,
(print parent/guardian name)
and authorized agents of the Enhancing Strengths & Support Program to provide any and all of the following services to my child:

Transportation Consent:
The ESS program, acting by and through its representatives, professionals, staff members, employees, and authorized agents are authorized to provide transportation to and from the ESS program, educational opportunities, and recreational activities including community service projects.

Education Consent:
The ESS Program, acting by and through its representatives, professionals, staff members, employees, and authorized agents are authorized in their sole discretion while acting in the best interest of the student to release and exchange information with applicable educational entities as deemed pertinent to the education or goal setting of my student and to obtain grades, attendance records, and behavior logs for the two semesters surrounding my student's participation in the ESS program.

Mental Health Service Provided Consent:
The ESS Program, acting by and through its representatives, professionals, staff members, employees, and authorized agents are authorized in their sole discretion while acting in the best interest of the student to receive and exchange any and all information regarding my child's mental health treatment with:

- Monroe County Community Mental Health
- Family Medical Center
- Other (please list:) _____

Community Service Projects Consent:
I acknowledge that ESS programming may involve some off-site activities that involve working in various locations throughout the community. This may involve exposure to environmental elements (wind, rain, snow, mud), moderate physical activity such as lifting, carrying, bending, stooping, and other issues such as insect bites, sun exposure etc. I hereby consent to my student's participation in such programming.

Photo/Media Consent:
ESS, its representatives, professionals, staff members, employees, authorized agents, and the providers of programs- including Youth Arts Alliance, and other programs- are authorized the right to photograph my child and my child's work/art in connection with participation in said activities and to use and publish the same in print or electronic form for any lawful purpose, including publicity, illustration, advertising and web content. I understand that my child's name will not be published or used without further written consent. Further, I release the County of Monroe, the ESS program, the 38th Judicial Circuit Court- Family Division, the State of Michigan and all of their representatives, professionals, staff members, employees, authorized agents, as well as other participating agencies from any expectation of confidentiality my child (student) and I might have in regard to this issue.

_____ _____
(student signature) (parent/guardian signature)

_____
(date)

CONSENT AND ACKNOWLEDGEMENT FORM

ACCIDENT WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION

The undersigned parent and natural guardian or legal guardian, of the child (student) participating in the ESS Program, does hereby represent that he/she is, in fact, acting in such capacity, possesses the legal authority to execute this document, and agrees to the fullest extent permitted by law on behalf of himself/herself and his/her participating child (student), to release, save, hold harmless, and indemnify the County of Monroe, their elected and appointed officials, board members, trustees, professionals, agents, employees and volunteers, from any and all liability, loss, cost, claim, or damage whatsoever, including bodily injury or death, growing out of or in any manner connected with or related to my child's (student's) participation in the ESS Program, which may be imposed upon or incurred by the County of Monroe because of the participation of the minor child (student) in the ESS program. By signing below, I also agree to release, save, hold harmless, and indemnify the County of Monroe on behalf of both the minor child (student) and the parents or legal guardian.

_____

(parent/guardian signature)

_____

(date)