ALL FIELDS MANDATORY: PLEASE PRINT LEGIBLY PARENT CONSENT FORM

I. YOUTH INFORMATION

First Name _____

Last Name _____

Organization _____

Date of Birth: _____ Youth E-mail _____

II. PERMISSIONS

This parent/guardian consent form is required for ALL youth attending CADCA's 2027 National Leadership Forum. CADCA is a nonprofit organization headquartered in Alexandria, Virginia whose mission is to create and maintain safe, healthy, and drug-free communities globally. CADCA's Mid-Year Training Institute consists of youth and adult training sessions aimed at making coalitions smarter and faster.

If you agree to have your child participate in this training, they will be expected to participate in a comprehensive training course with their adult advisor who has agreed to assume responsibility for them while traveling and during the event. All data obtained will be treated with the highest level of confidentiality.

The youth training is offered through CADCA's Youth Leadership Courses and our community partners. CADCA's Youth Leadership Courses enhance the effectiveness of youth and their coalition advisors within community coalitions. It empowers thousands of young people yearly to get involved in the community problem-solving process for the development of safe, healthy and drug free communities.

Photograph/Video Waiver

By submitting this form, you give permission to CADCA to use photographs, videotapes, film and audio in which your youth appear as a participant for educational and publicity/promotional purposes for or related to CADCA's and/or the coalition's work. These can also be used by CADCA in published materials.

Permission for Medical Treatment

Emergency medical staff, the adult advisor(s) and/or CADCA may take appropriate action as needed in the event of an emergency in which the parent/guardian cannot be contacted.

General Release of Liability

The undersigned agrees to release, waive, discharge, and hold harmless CADCA, its directors, officers, employees, agents, and volunteers from any and all claims, suits, losses, or related causes of action for damages during or arising in any way from participation in this training event. You are being asked whether or not you will permit your child to participate in this training. If you wish to give permission to participate, and you agree with the statement below, please check the box below.

☐ I understand the information provided in this form and give permission for my child to participate in this youth leadership training. I am 18 years of age or older. I have read and understand the above statements.

III. SIGNATURES

The "digital signatures" required below are not actual written signatures, however they are held to the same standards and legality as an official signing. Simply type the requested name into the required space

☐ I understand that, in this document, typing a digital signature below holds the same standards and legality as an official signing. I certify that I am the parent and legal guardian of Youth, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions on my own behalf and on behalf of Youth.

☐ I understand the information provided in this form and I am 18 years of age or older and have read and understand the above statements.

☐ I understand and agree that Youth's participation in this Event may be terminated by CADCA at any time in the event Youth fails to follow CADCA rules, policies, or procedures, or for any reason CADCA may deem to be in the best interest of others attending the Event, and that Youth may be sent home at my own expense with no refund. In addition, CADCA may alter activities to enhance individual and/or group safety.

Parent/Guardian Name(s): _____

Parent/Guardian Signature: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email Address: _____

Home Address: _____

On-Site Adult Advisor Name: _____

On-Site Adult Advisor Phone Number: _____

On-Site Adult Advisor Email Address: _____

Coalition Name: _____