

ASSOCIATION OF VILLAGE PRIDE, Inc.

**PARENT CONSENT WAIVER OF LIABILITY & REGISTRATION SUMMARY**

I \_\_\_\_\_ (parent/guardian), on this date \_\_\_\_\_, consent to the conditions set forth by the Association of Village PRIDE, Inc. (AVP) for my son/daughter \_\_\_\_\_ to participate in the Rites of Passage Program or Youth Leader Program and all activities sponsored by AVP, **including the ski trip planned for February 2008 and the Heritage Trip planned for Spring 2008.** THE ASSOCIATION OF VILLAGE PRIDE, INC. DISCLAIMS ALL LIABILITY FOR DAMAGES AND INJURIES THAT MAY RESULT FROM ALL RISKS REFERED TO IN THIS PARAGRAPH, and the parent and/or guardian, having been so informed, in further consideration of AVP's willingness to provide such services, hereby releases, discharges and acquits AVP, and it's employees, agents, successors, associates and assigns, from any and all claims, actions, suits or liabilities that may arise as a result of or in connection with the performance of the services not resulting directly and wholly from negligence of the association, its agents and staff.

As the legal guardian, I have the right to request access to any records kept on my child by the Association of Village PRIDE in accordance with the Family Educational Rights and Privacy Act (FERPA). [www.ed.gov/policy/gen/guid/fpco/ferpa/index.html](http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html)

My child will participate in diagnostic pre-tests and post-tests designed to measure the goals and performance outcomes of the program. I understand that all testing is completed anonymously and results remain confidential. My child may withdraw from the program or the evaluation at any time without penalty.

My child may be photographed for organizational publications such as AVP newsletters and brochures.

By signing this form I certify that:

- My child and I have completed the appropriate application form (Rites of Passage for middle school, Youth Leaders for high school). STUDENT INITIALS: \_\_\_\_\_
- I have completed the "Parents As Resources" form.
- I have completed the "Student Medical" form.
- I have attached a copy of the front and back of my child's insurance card.
- My child and I have read, understand, and accept the "Guidelines for Excellence" page.  
STUDENT INTIAIALS: \_\_\_\_\_
- I have submitted the appropriate registration fees for my child (1 child = \$100, 2 children = \$175, 3 children = \$225, 4 or more children = \$250).
- I understand that all these items must be checked off for my child to be an enrolled member of the Association of Village PRIDE, Inc. Youth Programs for the 2007-2008 school year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date