



Stoughton Youth Commission

P.O. Box 582
110 Rockland Street
Stoughton, MA 02072

Phone: 781-341-2252
Fax: 781-344-4920

Consent and Release Form

I, _____, hereby give permission for my daughter/son, _____, to participate in the Stoughton Leadership Institute (SLI) offered by the Stoughton Youth Commission (SYC).

- I understand that the Stoughton Leadership Institute will meet most Wednesdays (2:15-3:30 PM) at Stoughton High School and participating students may periodically go to the Norfolk County Sheriff's Office's rope course. Students will be eligible for the late bus.
- I understand that additional information can be provided for me and specific questions answered upon request.

Parent/Guardian Signature _____ *Date* _____

Media and Survey Release

I give permission for pictures, videos, and surveys of my child that may be taken and/or recorded during Stoughton Leadership Institute meetings, programs, or events to be used for the purpose of social media, marketing, and outreach purposes (Examples: reports, newspapers, displays, Facebook, Twitter, etc.) by the Stoughton Leadership Institute, Stoughton Youth Commission, and the Massachusetts Promise Fellowship Program. Further, I hereby grant SLI and SYC permission to periodically administer surveys related to program assessment and evaluation to my child.

Parent/Guardian Signature _____ *Date* _____

Transportation Release

I grant permission for my child to travel with the supervision of SYC staff on public transportation or SYC Staff operated van/car to and from the different event locations (Examples: Northeastern University, Norfolk County Sheriff's Office's rope course, etc).

I further release the SYC and the Town of Stoughton from any and all liability in the event of injury or accident to my child, and agree to indemnify and hold harmless the said SYC and the Town of Stoughton from any and all liability for injury or accident. Further, I understand and agree to all of the aforementioned terms, restrictions, and conditions.

Parent/Guardian Signature _____ *Date* _____

Program Dates: September 2014 – June 2015

Please call Stoughton Leadership Institute if you have any questions, comments, or concerns.

Thank you,

Katie Purcell

Leadership & Civic Engagement Fellow
Massachusetts Promise Americorps
Stoughton Leadership Institute
Stoughton Youth Commission
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