EVERY 15 MINUTES
Participation Permission Slip

Date:_____

My son/daughter _____ has my permission to participate in the *Every 15 Minutes* program on *(Dates of Program)* at _____School.

I also provide authorization for my son/daughter to complete the survey forms pursuant to California Education Code 51513 and 20 United States Code Section 1232h. I understand that the survey forms to be completed by my son/daughter will remain anonymous to ensure the confidentiality of their answers. The only required personal information pertinent in tracking the student participant is the name of the school, age of the student, gender of student, student's year in school and date of birth. The birth date allows for tracking an individual's change in attitude, but does not reflect the individual's identity since **no names** are required on the survey form. The purpose of these surveys is to obtain data from the participating students to measure their change in attitude towards alcohol and the choices they make concerning its use. This scientific data will be correlated by The Child Development Department at California State University, Chico. The surveys will also measure the long term benefits of this program.

In understand my son/daughter will be going on an overnight retreat to *(Location)* on the evening of *(Date*). All meals will be provided. Students will be chaperoned by law enforcement personnel, _____ School staff and responsible members of the community. _____ School will provide transportation to and from the retreat. **NO CELL PHONES WILL BE ALLOWED ON THE DATES OF THE EVENT BY THE STUDENT PARTICIPANTS.**

Important: I hereby release, discharge, and covenant not to sue the California Department of Highway Patrol or _____ School District, its officers, employees, agents, servants and volunteers, and any other supporting agency, and/or all other sponsors from any and all claims for any injuries or death, arising directly or indirectly from the event described above.. I agree to hold harmless and indemnify releasee for any and all claims, judgments or expenses, including attorney fees, releasee may incur arising out of my child's activities and/or participation in this event.

I understand that my child's participation in this event contains certain dangers and risk of injury, that the event will be indoors and outdoors, and that there is an inherent danger in being outdoors which I appreciate and voluntarily assume, because I choose to do so. I further know that other participants may pose a danger to my child, as this is a physical activity. I voluntarily elect to accept all risks connected with my child's participation in this event.

Permission Slip (Continued)

I agree that this agreement shall apply to any incident, accident or injury arising directly or indirectly from my child's participation in this event.

I give my permission for my son/daughter to participate fully.

I give my permission for my son/daughter to participate under the following conditions:

_____

_____

_____

I am willing to participate in the parent component of the program. □ Yes □ No

I have read and understand the components of the *Every 15 Minutes* Program and the Release of Liability. With this knowledge, I give my permission for my son/daughter to participate fully.

_____	_____	_____
Parent/Guardian Name (Please Print)	*Parent/Guardian Signature*	*Date*

I have read and discussed the components of the *Every 15 Minutes* Program and the Release of Liability with my parent(s). With this knowledge, I freely and voluntarily agree to participate in the *Every 15 Minutes* Program.

_____	_____	_____
Son/Daughter (Please Print	*Son/Daughter Signature*	*Date*