

**SAGINAW CHIPPEWA INDIAN TRIBE –
PROJECT VENTURE PARENT PERMISSION FORMS 2019/2020**

Your child has been chosen to participate in the Saginaw Chippewa Indian Tribe’s Project Venture Program.

BENEFITS AND RISKS OF PARTICIPATING IN THE PROGRAM

Your child will receive program services designed to develop skills needed to lead a healthy life, and to develop confidence and self-esteem.

He or she will get to participate in positive recreational activities such as hiking, biking, climbing, and camping. We’ll also be doing service learning projects together. We believe that this will help your child to solve problems, to make good choices, and to develop leadership skills.

It is possible however, that your child could get hurt on one of the recreational activities or field trips. All of our staff members are trained in First Aid and all must pass criminal background checks. Project Venture carries the required Liability insurance, though parents must still be responsible for their own medical coverage for their children in after school activities.

PROGRAM EVALUATION

Project Venture employs a professional evaluation team that will participate in some of the program activities and conduct interviews with program participants. Your child will be asked to complete a survey/questionnaire at the beginning and end of the program each year. The survey includes questions about school, family, friends, and behavior and attitudes about healthy lifestyles.

You are welcome to look at the program survey at our office.

The information on the forms and the information collected from the school will be confidential and private.

The only time we must report information on an individual child is if we believe the child to be in immediate danger to him/herself or to others.

PARTICIPATION IS VOLUNTARY

Participation in the Project Venture Program and Evaluation is voluntary. You may give permission for your child to participate in the program, but not in the evaluation activities if you wish. Your child will still be able to receive program services even if he or she does not participate in the evaluation.

WHO DO I CONTACT IF I HAVE QUESTIONS OR PROBLEMS DURING THE PROJECT?

If you have any questions at any time about the program or evaluation activities, please call **Dolores Winn, Youth Program Coordinator @ 989-775-4920. Or Jason Luna- Director @989-775-4909**

Parents, please keep this page



SAGINAW CHIPPEWA INDIAN TRIBE OF MICHIGAN- PROJECT VENTURE PROGRAM

PARENT / GUARDIAN PERMISSION FORM

Your child's name (print full name): _____

Please check one:

I give permission for my child to participate in Project Venture Program activities for the 2019 program year.

I do not give permission for my child to participate in Project Venture activities for the 2019 program year.

Parent/guardian name (print): _____

Parent/guardian (signature): _____ Date: _____

PERMISSION FOR EVALUATION ACTIVITIES

Please check one:

I give permission for my child to participate in Project Venture Evaluation activities.

I do not give permission for my child to participate in Project Venture Evaluation activities.

Parent/guardian name (print): _____

Parent/guardian (signature): _____ Date: _____

Name of School Attending: _____

Thank you for supporting Project Venture's efforts to promote positive youth development programs!



**LIABILITY/DRUGS/WEAPONS/ELECTRONICS/PUBLICATIONS/AND
MEDICAL WAIVER FORM**

<p>Risk/Dangers/Safety:</p> <p>I am aware that participation in the Project Venture sponsored activities poses certain physical, mental, and emotional challenges. I acknowledge that certain risks and dangers exist in activities that take place in an outdoor setting where many of the programs are conducted. These risks include, but are not limited to, loss or damage to personal property, injury such as scrapes, cuts, bruises and though extremely rare, more serious injuries due to events (i.e. lightning) which are beyond the control of the program or the facilitators. I understand that while the program and its staff will make every reasonable effort to minimize exposure to known risks, not all dangers, hazards and perils can be foreseen. I and my (son/daughter/ward) have a personal responsibility and duty to learn and follow all safety standards, guidelines and procedures established by the instructor/facilitator and will make instructors/facilitators aware at any point during the activity in which I question my knowledge of these standards, guidelines and procedures, or my ability to participate.</p>	<p>_____</p> <p>Participant Initial</p>	<p>_____</p> <p>Parent/Guardian Initial</p>
<p>Risk & Liability Consent:</p> <p>I understand and assume all dangers (hazards or perils) and risks associated with these programs and activities and waive all claims or causes of action arising from me or my (son's/daughter's/ward's) participation in the Project Venture activities and do hereby release the Project Venture, all persons and agents from liability which I may ever have against PV, it's successors and assigns, it's officers, employees, volunteers, agents, and their heirs, executors, and assigns. Furthermore, I give my consent to the instructors/facilitators or other medical personnel to treat me and my (son / daughter / ward) in a medical situation. My signature on this document is also intended to bind my successors, heirs, representatives, administrators and assigns.</p>	<p>_____</p> <p>Participant Initial</p>	<p>_____</p> <p>Parent/Guardian Initial</p>



<p>Drug & Alcohol Free/No Weapons:</p> <p>I understand that all Project Venture programs and activities are “Drug Free” and that no Tobacco, Alcohol, or other illegal substances may be used or in possession during any PV activity. I also acknowledge that any type of weapon/firearms or any materials that could cause damage or personal injury are strictly prohibited from the PV programs, activities, camps and offices</p>	<p>_____</p> <p>Participant Initial</p>	<p>_____</p> <p>Parent/Guardian Initial</p>
<p>Photos/Videos/Publications:</p> <p>I consent and authorize PV to use, reuse and/or publish photographic and/or video graphic material taken of me and/or my (son/daughter/ward) while participating in activities sponsored by the Project Venture. I understand that these photographs may be used in educational settings, professional publications, conferences or media releases. I further understand that these materials can be used without limitation, reservation, or compensation, other than the receipt hereby given. I further understand that my name and/or (my son / daughter / ward) name will be kept confidential.</p>	<p>_____</p> <p>Participant Initial</p>	<p>_____</p> <p>Parent/Guardian Initial</p>
<p>I-Pods, Cell Phones:</p> <p>I understand that I-Pods, cell phones, text messaging and other behaviours and devices that distract from being present during Youth Mentor programming and should be left at home or put away in the "off" position. I understand that PV will allow youth to have access to cell phones and text messages to communicate with family/guardians. Specific break times will be planned when youth can access their devices to "check in".</p>	<p>_____</p> <p>Participant Initial</p>	<p>_____</p> <p>Parent/Guardian Initial</p>

Signature of participant (minors must sign)

Date

Signature of Parent / guardian

