



*Our mission is to reduce acts of violence
between the police and the public*

GENERAL RELEASE FORM (YOUTH)

The mission of “Why’d You Stop Me?” is to reduce acts of violence between the police and the community. This interactive and powerful presentation is based off the simple equation:

E + R = O

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“Events” occur in our life. How we chose to “React” to these events is what determines the “Outcome” of each situation. A positive reaction to ANY event should produce a positive outcome. We believe that our program helps participants positively react in the event they come into contact with a police officer and in turn creates safer communities.

Dear Parent or Guardian,

Thank you for your willingness to allow your student/minor child/minor teenager (“Participant”) to participate in and benefit from the “Why’d You Stop Me?” program! Please read the statements below carefully, sign the form, and have your student return it to their school if you would like your student/minor child/minor teenager to receive the services of our program.

Thank you for your support!

*****THIS FORM MUST BE SIGNED AND RETURNED TO WYSM BEFORE THE START OF THE PROGRAM*****

Youth Participant Information:

Full Name: _____ **Date of Birth:** ____/____/____

Location of Program:

Event

Organizer: _____
This presentation (“Program”) will be graphic in nature and cover strong and controversial topics. Profanity and graphic illustrations will be utilized. There will also be scenario-based training at which time Participant may be asked to participate in physical activities that are not meant to cause harm, but may inadvertently cause injury to the participant. If at any time the Participant feels the material to be too graphic, they may step out of the room. If the Participant does not want to participate in a physical activity they may also refuse without question and chose not to participate.

General Release of Liability: On behalf of my minor child (named above) (“Participant”), I hereby consent to participation of the Participant in the Program. I understand that there are risks associated with Participant’s participation in the Program, which includes but is not limited to, being exposed to profane language, shown video footage of acts of violence, all of which may be offensive to my child and/or me. I also understand that my child’s participation in the Program may include involvement in personal physical demonstrations/personal physical simulation of law enforcement restraint techniques and/or other physical law enforcement techniques (which will be used for demonstration purposes only). I also acknowledge, appreciate, and agree that there is a risk of injury from the activities involved in my child’s participation in the Program and I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS for my child, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF any of the participants in the Program or any of the agents, employees, contractors or other representatives of WYSM or others, and assume full responsibility for my participation in the Program. Understanding the risks associated with my child’s participation in the Program, I, for myself and my child, HEREBY RELEASE AND HOLD WYSM (and any of its agent, employees, contractors, volunteers, other participants, sponsoring agencies, sponsors, advertisers, if applicable, and owners, and lessors of premises used to conduct the Program



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("RELEASEES"), HARMLESS WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to Participant or property, or any expense or any kind WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I further represent that my child is in good health, has no medical, physical or mental condition or problem which would interfere with his/her participation in the Program, or would be in any way affected by such participation. My child is physically active, in good health, and willing and desires to partake in the Program. I hereby agree and consent to my child's participation in the Program, and also assume all risks and hazards which are incidental to the conduct of the activities of the Program as described herein. I further understand and agree that in case of a medical emergency, my own personal medical plan, if I have one, will be used; if not, I will be fully responsible for any costs arising from an emergency related to my child. For purposes of this release the term "child" means minor child of a Parent/Guardian who signs this release. ***In the event my child has a physical or mental condition that may affect his participation in the Program or subject him/her or others to risk or danger, I shall notify WYSM in writing and submit the same to WYSM with this document.

Photo, Video, and Likeness Release: On behalf of my minor child, I hereby grant WYSM permission to use Participants likeness involving his/her participation in the Program, in photographs, videos, sound recordings, demonstrations, presentations, advertisements, marketing materials or in any and all of WYSM'S publications and in any and all other media (hereafter referred to as "Media") whether now known or hereafter existing, controlled by WYSM, in perpetuity, and for other use by WYSM. Neither I nor my minor Participant will make a monetary claim or other claim, action, cause of action against WYSM for the use of the Media.

Consent to Participate In Research Survey: By signing this Form, I agree to participate in a pre-Program and post-Program survey (in a form provided by WYSM or WYSM'S authorized representatives or contractors) and provide all the information requested for such survey. I also acknowledge, agree and consent that all of the information provided for a survey (including my name, likeness and personal information provided to WYSM by me, or any information about me gathered by WYSM during the course of the Program, or as the result of my participation in the Program) may be used by the WYSM (or its agents) for research, analysis and other survey purposes or other matters related to the Program, to improve the Program, or for other uses that WYSM deems reasonably related to the Program.

*****For minors under the age of 13***BE ADVISED the Program contains what WYSM believes to be adult content that is NOT appropriate for minors under the age of 13. If your child is under the age of 13, YOU MUST INDICATE your child's age next to your signature, below, affirming your fully informed acknowledgment and consent to your child's participation in the Program.***BE ADVISED THAT NO CHILD UNDER THE AGE OF 11 (at the time of the Program) shall be admitted and or participate in the Program. YOU MUST INDICATED YOUR CHILD'S AGE BELOW.**

***I have read and understand this Consent and Liability Release, and Photo, Video, and Likeness Release, and have full legal authority to execute this document for and on behalf of my minor child and do so of my own will.**

*****AGE OF CHILD: _____ ****DATE OF BIRTH OF CHILD: _____**

I agree to participate in any evaluation surveys, open discussions, and any and all other activities related to the WYSM Program.

Printed Name of Youth Participant

Youth Participant's Signature

Date

Printed Name of Parent/Guardian

Parent/Guardian's Signature

Date