



**PERMISSION TO PARTICIPATE IN
MY FUTURE MY CHOICE INC. ACTIVITIES**

Participant's Name _____

I understand that the above-named participant will have the opportunity to participate in a variety of activities including, but not limited to, workshops, seminars and field trips that will require travel within the tri-county area (Broward, Palm Beach and Miami-Dade counties). I understand that these activities will be under the direct supervision of a My Future My Choice Inc. staff member and/or volunteer and that my child may be transported in a staff member's and/or volunteer's personal vehicle.

I request that my child (the above-named participant) be allowed to attend and participate in the activities described above.

I authorize any medical treatment required in case of emergency and agree that I am responsible for the cost of such treatment.

The undersigned agrees to release, hold harmless and indemnify My Future My Choice Inc., its agents, representatives, employees and volunteers from all claims, damages, or other liabilities for injuries to my child (the above-named participant) that may result due to participation in My Future My Choice Inc.'s activities.

I understand that any trips that take the above-named participant outside of the tri-county area (Broward, Palm Beach, and Miami-Dade counties) or that require an overnight stay will require a separate permission form. This form will be provided to me by My Future My Choice Inc.

Signature of Parent/Guardian _____

Printed Name of Parent/Guardian _____

Date _____



PHOTO RELEASE FORM

My Future My Choice Inc. or various other media may choose to take pictures or videotape participants in *My Future My Choice* activities. These images may be used for *My Future My Choice* displays, brochures, newsletters, archives, news releases, publicity and Web sites.

I hereby grant permission to *My Future My Choice* to take and reproduce photographs and videotapes for publication, including publication by news sources and other sources for all educational, trade, advertising and other purposes as determined by *My Future My Choice*.

Participant's Name (Print) Participant's Signature Date

Parent/Guardian Name (Print) Parent/Guardian Signature (if minor) Date

PARENT RELEASE FORM FOR SENSITIVE ISSUES

I, the undersigned, do hereby grant or deny permission to *My Future My Choice* to discuss sensitive issues with my child, _____, as marked by my selection below.

Sensitive issues include, but are not limited to, substance abuse, sexuality/teen pregnancy, peer pressure, personal hygiene, and violence. Participants may also be exposed to such issues through printed materials such as brochures, newsletters, and educational videos.

Select one:

- Deny permission to discuss sensitive issues with my child.
- Grant permission to discuss sensitive issues with my child.
- Limited discussion:** Please list –

Parent/guardian signature _____ Date _____



ACTIVITY FEE

Participation in the My Future My Choice 2017-18 program requires a one-time \$25 activity fee. This fee includes one shirt and most field trips and program activities within the tri-county area (except the end-of-year activity). The \$25 registration fee is due by October 14, 2017.

For any participant entering the program after October 14, 2017, the registration fee will be payable upon admittance to the program.

Please indicate your choice below:

- Enclosed is the \$25 activity fee to cover my child's participation in the 2017-18 program.
- I have paid my child's \$25 activity fee online at www.myfutureinc.org/activity-fee.html.
- I need to discuss a payment arrangement.

Parent's Name (printed) _____

Parent's Signature _____

Date _____