

Permission Slip

Congratulations, your child has been selected to represent your school/community in the Chain Reaction Program! The goal of Chain Reaction is to build community and to help stop the teasing, violence, and alienation that are deeply a part of the school experience for millions of young people every day. Chain Reaction is a powerful and transformational day that can change the way people view each other forever. It is a day of fun, friendship and new possibilities.

Chain Reaction will be on (date) Jan. 8 from (times) 7⁵⁰ to 2¹⁰

Location: OPMS PAC

Your child will need to arrive on time and bring a bag lunch unless otherwise indicated.

Adults are needed to assist with the day(s). Parents/Guardians are invited to participate as adult volunteer facilitators. This can be a wonderful experience for youth and adults alike. If you would like to volunteer, please contact your School Coordinator.

Coordinator Name: Michelle Mauney at (phone number) 760-787-2468

For more information about Chain Reaction, please contact your School Coordinator at the above phone number.

Please return this form to Ms. Mauney no later than Dec. 15
C2

I am the parent or legal guardian of the student named in this release/permission form and I give my permission for my child/ward to participate in the Chain Reaction Program. I understand that the event is not required and that my child/ward's participation is voluntary. I further understand that Rachel's Challenge and the sponsoring school/organization, their officers, employees or agents assume no liability either directly or indirectly for injury or accidents resulting from or any way connected with this event.

I understand that the Chain Reaction Program will deal with a wide range of issues such as leadership, self-esteem, social oppression, violence, racism, and teasing. I also understand that the program will be fun, empowering, eye-opening and emotional. I have read the attached letter and have discussed confidentiality with my child/ward and support his/her participation. I further understand and consent that my child/ward may be invited to participate in future Chain Reaction Programs at his/her school, that members of the print and film media may be present at this event and that my child/ward may be photographed, interviewed or quoted as a participant in this program.

I have carefully read this permission form/waiver and fully understand its contents. I am aware that this is a release and waiver of liability of Rachel's Challenge, the sponsoring school/organization, and all related parties; and I hereby release and agree to hold harmless Rachel's Challenge and the sponsoring school/organization and all other related parties from any and all claims arising out of, or in any way related to, my child/ward's participation in Chain Reaction.

I give my permission for my child/ward (name) _____ to participate in Chain Reaction.

To be held at (location) _____ on (dates) _____

Parent Name (please print) _____

Parent Signature _____ Phone Number _____