

# Program Participant Agreement



Stephenson Hall, Second Floor  
CPO 2170, Berea, KY 40404  
895.985.3804  
[www.berea.edu/celts](http://www.berea.edu/celts)

Participant's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex: \_\_\_\_\_

Address \_\_\_\_\_ Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

I would like my child to participate in the following CELTS Program(s):

- Berea Buddies
- Berea Teen Mentoring
- Berea Tutoring

**Please list below all individuals who may communicate with CELTS staff and students about your child and who may pick up your child from CELTS programming. We will require identification.**

**Custodial parent/legal guardian** \_\_\_\_\_

Home Address \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address \_\_\_\_\_ Phone: \_\_\_\_\_

**Additional individual** \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

**Additional individual** \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

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I, as the Parent/Legal Guardian of \_\_\_\_\_, I give permission to CELTS' staff to provide services and/or activities to my child in the program(s) listed above. The purpose of the program(s) has been explained to me as it relates to services for my child.

I understand that all records and information related to the provision of these services to my child will be treated as confidential except to the extent of disclosures required by statute, regulation or court order, protected by confidentiality regulations governing the release of such information.

Agencies exchanging information about my child may include Berea College, the school(s) that my child attends (including the Family Resource and Youth Service Centers), and other agencies providing services to my child.

### **Participant Behavior**

It is my understanding that when my child is participating in CELTS programs he/she is responsible for his/her own behavior and is expected to act in a responsible manner and to respect other members of the program that he/she is attending. I understand that if my child's behavior is disruptive to the program and/or other participants he/she will be dismissed from the program.

### **Participant Dress**

I understand that my child will likely be walking outside while on campus, including in cold or hot weather. Appropriate clothing is recommended for all programs. If my child will be spending extended time outside for a special event I will be alerted ahead of time by program staff.

### **Inclement Weather Statement**

In case of inclement weather, CELTS will always err on the side of caution, especially if Berea students are providing transportation. I understand CELTS will make every effort to contact me as soon as possible about a program cancellation. If Berea College classes are cancelled, I understand programs that day are definitely cancelled.

### **Photo Permission**

I understand that for recognition and recruitment purposes, Berea College or CELTS may submit photos of the program to the newspaper or use photos in brochures, newsletters, scrapbooks, the college's website, social media, or other publications. Please initial below if you give permission for your child's photo to be used for these publicity purposes.

CELTS/Berea College has my permission to use my child's photo for publicity purposes. \_\_\_\_\_

### **Security Measures**

As the campus installs more security cameras, I understand that my child may be videotaped and/or recorded while on campus for campus security purposes.

### **Acknowledgement of CELTS policies**

I have received a copy of the CELTS Guidelines for Working with Participants so that I am aware of the policies and expectations of those Berea students running and volunteering for these programs. Please initial below that you have received this information.

I have read and received the CELTS Guidelines for Working with Program Participants. \_\_\_\_\_

### **Liability Release and Waiver**

As a condition of my child's participating in this program, I, the undersigned do hereby agree to the following:

I understand that my child's participation in this program is voluntary and that this program and related activities could expose my child to known, unknown or unanticipated risks of property damage, personal injury and even death. Acknowledging that such risks exist, I hereby release and discharge Berea College, its trustees, officers, agents, employees, and students (including but not limited to all CELTS staff) from any and all claims of liability for bodily/personal injury or property damage my child may suffer while participating in the activity; including, but not limited to, any claim arising out of any condition of the premises at which the activity

is held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I specifically agree to release Berea College, its trustees, officers, agents, employees, and students (including CELTS staff) for any negligence of the College, the program, or the trustees, officers, agents, employees, or students of Berea College relating to the program and any program activities.

\_\_\_\_\_  
**Parent and/or Legal Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Parent and/or Legal Guardian**