OVERCOMING BARRIERS
Additional Consent

Importance of Attendance, Paperwork, & Photo Release

ATTENDANCE POLICY: All of the coordinators and directors spend a great deal of time planning for each specialized program and look forward to implementing their activities on a weekly basis. **Also understand, we have asked our volunteer mentors to make a weekly commitment to your child**. Due to this, we ask that you commit to coming to each session of the program that your child is signed up. We understand that emergencies and sickness may happen, but ask for notice in advance if your child will miss a session.

PAPERWORK: All of this paperwork is *very* important for us to continue to be able to offer these services. To put it simply, if we do not receive ALL of the paperwork for each child, they essentially do not count as a participant in our program, in the eyes of our grant supervisor. If we do not have all of the paperwork for each mentee, we could lose our funding, resulting in us not being able to offer anymore services.

PHOTO RELEASE: The Overcoming Barriers staff often creates newsletters, training segments, and other promotional or educational materials. With this being said, photos may be taken during programs. Please **initial below** to allow Overcoming Barriers to use pictures or video of your child for the following:

- Promotional use _____ YES _____ NO
- Facebook, Twitter or other social media _____ YES _____ NO
- Overcoming Barriers training/events _____ YES _____ NO

We are having you sign this form, not to add to what you have to sign, but to hopefully demonstrate the importance of what we are doing. Thank you for your time and your commitment to your children and their needs!
Please do not hesitate to contact Dr. Moran, Project Director (540-568-4877 or morante@jmu.edu with any questions that you may have!

By signing below, you understand the above statements and agree to return all paperwork as well as attend all sessions unless an emergency arises. In addition, I agree to adhere to the rules of my child's specialized program.

Print Child's Name:_____

Parent Signature: _____

Date: _____