

**Parental Consent Form**  
Girls In Motion  
Cleveland Rape Crisis Center  
CONSENT TO PARTICIPATE IN PROGRAM

Consent to Participate in Girls In Motion. The fun-filled Empowerment Day will be held on April 28, 2018 at Forest Hills Presbyterian Church, 3031 Monticello Blvd., Cleveland Heights, OH 44118, 9:00 am to 4:00 p.m.

I \_\_\_\_\_ (parent or guardian) give permission for \_\_\_\_\_ (child)

to participate in this one-day empowerment program. I have received a flyer and understand the exercises and activities that will be offered throughout the day. (Including yoga, creative arts, youth social justice activism, and an in-depth conversation about healthy and unhealthy relationships including sexual assault). Teresa Stafford, Senior Director of Victim Services and Outreach, victim specialist, prevention specialist and clinical staff at Cleveland Rape Crisis Center and clinical/professional staff from local hospitals, organizations and agencies will be represented at the event to facilitate dialogue throughout the day. In the event a participant discloses they are in threat of harm to self or others, or there is suspicion of an admission of child abuse/neglect with an identifiable person, a report must be filed by law.

**PLEASE Note:** By signing this agreement I \_\_\_\_\_ (parent/guardian) understand that my child may be photographed or video recorded by Cleveland Rape Crisis Center photographer/videographer to use in the public relations and media related activities promoting prevention efforts. I understand my name will not be used in conjunction with the presentation or discussion.

I \_\_\_\_\_ agree to release and find harmless and indemnify Cleveland Rape Crisis Center, its officers, trustees, employees and agents from all claims costs, liabilities, expenses and judgements, including attorney fees and court cost arising out of your child's participation in the Girls In Motion programs.

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

Address/telephone # \_\_\_\_\_

Custodial Parent or Guardian signature \_\_\_\_\_

**Return form to: [teresas@clevelandrcc.org](mailto:teresas@clevelandrcc.org) or Teresa Stafford, Cleveland Rape Crisis Center, 1228 Euclid Avenue, Cleveland, OH 44115**

