Parental Consent Form

Best Foot Forward Cleveland Rape Crisis Center CONSENT TO PARTICIPATE IN PROGRAM

	pate in Best Foot Forward. The event will Rajan Center, 9438 Dorothy Ave., Garfield	· · · · · · · · · · · · · · · · · · ·	
I	(parent or guardian) give per	mission for	(child)
exercises and acti leadership, and ar Manager of Educa Rape Crisis Center facilitate dialogue	his one-day educational and skills program vities that will be offered throughout the on in-depth conversation about healthy and ation and Outreach, prevention specialist at and representatives from organizations at throughout the day. In the event a particle is suspicion of an admission of child abusers.	day. (Including job skills, co d unhealthy relationships). and other staff and volunte and agencies will be repres cipant discloses they are in	onversations about Sharon Kidd, eers from Cleveland sented at the event to threat of harm to self
my child may be p photographer/vid	signing this agreement Iohotographed or video recorded by Clevela leographer to use in the public relations and some selections. I understand my name will not be used	and Rape Crisis Center nd media related activities	promoting
I	agree to release	and find harmless and ind	emnify Cleveland
•	r, its officers, trustees, employees and age including attorney fees and court cost aris gram.		•
Participant's Nam	e		
Address/telephon	ne #		
Custodial Parent o	or Guardian signature		

Return form to: Sharonk@clevelandrcc.org or Sharon Kidd, Cleveland Rape Crisis Center, 1228 Euclid Avenue, Cleveland, OH 44115

