



YOUTH NAME _____

2010 Youth Empowerment and Healthy Youth Development Seminar

If you have any questions, please contact:
Marqus Butler, SOC Youth Coordinator
(405) 522-0994 Office
mbutler@odmhsas.org

(The following applies to youth submitting registration to participate in the 2010 Youth Empowerment and Healthy Youth Development Seminar)

I/we _____ allow _____ to
Parent/Guardian Youth

participate in the 2010 Youth Empowerment and Healthy Youth Development Seminar in Oklahoma City, Oklahoma.

Adult Signature

Date

Youth Coordinator/FSP/CC Signature

Youth Signature

EMERGENCY CONTACT INFORMATION

Parent/Guardian Information

Parent/Guardian Name(s) _____

Parent/Guardian Home Phone(s) _____ Cell Phone(s) _____

Additional Emergency Contact Name _____

Relationship to Youth (family friend, grandparent, etc.) _____

Additional Emergency Contact Phone Number(s) _____

RELEASE AND INDEMNITY AGREEMENT YOUTH NAME _____

_____ (“youth”) has my/our permission to participate in the 2010 Youth Empowerment and Healthy Youth Development Seminar.

I/we understand that it is the responsibility of the youth to take any prescribed medications as scheduled. The Oklahoma State Department of Mental Health and Substance Abuse Services (ODMHSAS) will not be responsible for dispensing any medications or liable for the failure of the youth to take medications or any medical complications associated with the use or nonuse of such medications.

In the event that emergency medical care is necessary, the delegated group leader or the person(s) in charge of the above event will contact me either by phone or in person. I/we understand that if I/we are unable to be contacted in a timely fashion, I/we authorize the delegated group leader or the person(s) in charge of the above event to act on my/our behalf and approve appropriate medical treatment and/or transportation of the youth to the nearest medical facility.

I/we agree that, if behavioral problems are deemed unmanageable by the ODMHSAS, the youth may be required to return to care and custody of the responsible person.

I/we, on behalf of myself, my/our heirs, assigns, executors and personal representatives, release, hold harmless and discharge forever the State of Oklahoma, ODMHSAS, any subdivision or unit of ODMHSAS, their staff, officers, directors, and employees from any and all liability, claim, loss, damage, cost or expense and waive any such claims against any such person or organization arising directly or indirectly from or attributable in any way to any action or omission to act of any such person or organization in connection with the sponsorship, organization and involvement in all activities, occurrences and consequences, to include health, sanitation and safety exposures, related to my participation in the above event. Participation includes, but is not limited to, any activity connected with the event itself, and using state equipment or facilities for the event, whether on or off ODMHSAS property.

I/we also recognize that there are both foreseeable and unforeseeable risks of injury and property damage that may occur that ODMHSAS cannot specifically anticipate and list here.

I/we have carefully read this document, understand its contents, and are fully informed about this event and circumstances and are satisfied that _____ (“youth”) can safely participate in this event. I/we are aware that this document is a contract with ODMHSAS. I/we sign it freely and voluntarily. I/we were not promised anything or otherwise threatened or coerced into signing this release or participating in this event.

Parent/Guardian Printed Name

Parent/Guardian Signature (for youth under 18 years)

Youth Printed Name

Youth Signature (only if 18 years or older)

Date

ODMHSAS Sponsoring Division/Program



YOUTH NAME _____

2010 Youth Empowerment and Healthy Youth Development Seminar

Youth Age _____ Parent/Guardian _____

Emergency Phone _____

Expectations of Youth:

1. To respect yourselves and others
2. To be professional and respectful of the target audience
3. To abide by the event and hotel policy and procedures
4. To be responsible for your personal health needs
5. To have fun and take advantage of the opportunities as a presenter
6. To gather as much knowledge as you can take back to your community

Expectations of the Responsible Adult:

1. To encourage youth empowerment and healthy youth development
2. To prepare the youth participant for what to expect at the event
3. To take responsibility for the participant while he/she is participating in the event
4. To be solely responsible for the youth when he/she is not involved in an activity

Expectations of the Systems of Care:

1. To provide a safe, fun, educational, supportive, and youth-driven environment for youth
2. To provide learning opportunities that will meet the needs of the youth and adults
3. To provide support to participants during the event
4. To supervise youth while attending the event
5. To communicate with the responsible adults when necessary

Parent/Guardian Printed Name

Parent/Guardian Signature (for youth under 18 years)

Youth Printed Name

Youth Signature (only if 18 years or older)

Date

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