Dayton M.A.D.E.

Parent/Guardian Permission and Program Expectations

I, _____ (name of parent/guardian) give my permission for _____ (student's name) to participate in the Dayton M.A.D.E. program.

I have read the following information relating to this program, and am in agreement with the expectations:

1. Testing and assessment techniques will occur throughout the program to help in providing the best educational program for my child and to evaluate the program itself.

2. All records will be maintained with strict confidentiality. Those records will be made accessible only to those members of the program staff who are entitled to see and use them for administration of the program. Any demographic information shared with funding organizations or the public to highlight camp results will be anonymized.

3. Pictures, videos and samples of students' work, etc. may be used by the program personnel to show the value of this program to the public.

4. Parents give permission for student(s) to participate in all regularly planned activities and field trips.

5. Parents understand that attendance is important and those students in regular attendance will receive the greatest benefit from the program. Students may be requested to withdraw from the program due to a lack of attendance or participation.

6. Students are expected to show respect towards all adults, their peers, and themselves at all times.

I _____ (name of parent/guardian) also hereby release BlueHalo, Wright State University, Primient, and camp staff from any and all actions, claims, and demands by reason of any damage, loss, or injury (including death) which may be sustained to my child or child under my guardianship with respect to the child's participation in the Dayton M.A.D.E. program or contact associated with participation in the Dayton M.A.D.E. program.

Parent or Guardian Signature _____ Date_____

I, _____ (student's name) have read the above information and am in agreement with program expectations.

Student Signature _____ Date_____