



Youth Experiential Learning Program (YELP)
Informed Consent and Release Form

Student Name: _____

I, _____, parent or legal guardian of the above-mentioned student, hereby give permission for my son/daughter to participate in the *Youth Experiential Learning Program (YELP)* of the Triskeles Foundation. I understand that the primary objective of the program is to provide my child with an enrichment opportunity in both the academic and service-learning environment. I understand that the *YELP* will take place during the course of the academic year (and possibly during vacations) and that transportation to and from the site of the internship will be the sole responsibility of the participant.

I hereby authorize *YELP* directors, staff and assistants to engage in the following:

1. To allow my son/daughter to participate in the off-campus *YELP*.
2. To use my son/daughter's name, photograph and quotes in *YELP* press releases and publications.

I certify that I have read and understand the guidelines established for the *YELP*. I agree to discuss these guidelines with my son/daughter and to instruct my son/daughter to follow all requirements outlined in the program.

In consideration of the acceptance of my child's voluntary participation in *YELP*, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me against the Triskeles Foundation as a result of my child's participation in the above captioned *YELP*. This release is intended to discharge the Triskeles Foundation, its officers, directors, employees, representatives and volunteers, and any all other private or public agencies involved in *YELP* from and against any and all liability arising out of or connected in any way with my child's participation in *YELP*.

It is further understood that accidents and injuries can arise out of participation in the *YELP*; knowing those risks exist, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to my son/daughter (or his/her parents, guardians or their heirs or assigns) for damages.

Specific risks at worksite: _____

I further agree that any Triskeles Foundation representative is authorized to obtain

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Phone: 610-321-9876 ♦ Fax: 610-321-0995 ♦ Email: info@triskeles.org ♦ Web: www.triskeles.org

and authorize emergency medical treatment for my son/daughter, up to and including emergency hospitalization and surgery. In the event of an emergency, I hereby authorize the Triskeles Foundation, the mentor or the mentoring organization at which my son/daughter is placed, as an agent for me to consent to x-ray examinations, medical, dental, or surgical diagnosis and treatment advised and supervised by a physician, surgeon or dentist licensed to practice in the applicable jurisdiction, either in the doctor's office or hospital. I expect to be contacted as soon as possible.

I agree to be personally responsible for any related medical expenses. On behalf of my child, and myself, I further release the Triskeles Foundation, any other involved private or public agencies and any medical provider of emergency treatment to my child for any related liability. A copy of this agreement shall suffice as original.

YELP will require students to leave school grounds often during normal school hours to participate at their on-site work/learning location. If they drive their own cars, they only have their car insurance as protection. Medical insurance is the responsibility of the parents/guardians. There is **NO** school policy or Triskeles Foundation policy to cover your son/daughter with any insurance coverage while they are off campus participating in a YELP experience. Your signature on this form signifies that you understand these terms and accept all medical responsibility for your son/daughter.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY **BEFORE SIGNING.**

Parent's/Guardian's Name (Printed)

Emergency Phone Number

Parent's/Guardian's Signature

Date

Address, City, State and Zip

Please give this form to your school coordinator, if applicable, or mail/fax to:

TRISKELES FOUNDATION
Mark Birdsall, Director of Youth Programs

Triskeles Foundation's Youth Experiential Learning Program respects individuals' right to privacy and uses this information only for our program purposes.