



CONSENT FORM

As the Guardian/Parent of _____, I hereby authorize and **approve the participation of _____ in any and all activities on or off the premises** that are part of the regular daily programming at Opportunity Networks or that are occasional or special cultural events.

Please circle:

- | | | |
|---------------|-----|----|
| Pictures | Yes | No |
| Publicity | Yes | No |
| Field trips | Yes | No |
| Public events | Yes | No |
| Swimming | Yes | No |

This authorization will be effective from the date of this form until cancelled by me.

Signature: Guardian/Parent

Date

Signature: Co-Guardian (if applicable) Date

Signature: Witness

Date: