



Consent Form

Participant Full Name _____

I authorize participation in all activities that are part of the regular daily programming at Opportunity Networks or that are occasional or special cultural events.

Please confirm the following by checking the appropriate box

- | | | |
|---------------|------------------------------|-----------------------------|
| Field trips | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Public events | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Swimming | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pictures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Social Media | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Publicity | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I understand that this authorization will be effective from the date of this form until cancelled by me.

SIGNATURES

Guardian

Date

Co-Guardian (if applicable)

Date

Witness

Date
