

***Remember to also fill out the other side of this waiver →**

2018-2019 DREAM ALIVE SCHOLAR WAIVER

SCHOLAR INFORMATION

Full Name (First and Last):		Male Female <i>(Please circle)</i>	Student ID Number:
Date of birth:	T-shirt Size <i>(please circle)</i> : S M L XL 2XL	Grade <i>(Please circle)</i> : 7 8 9 10 11 12	
Current address:		City:	State: Zip Code:
Are you a 21st Century Scholar? <i>(Please circle one): Yes or No</i>	STUDENT Cell Phone:	STUDENT Email:	

PARENT / GUARDIAN INFORMATION

Guardian Name:	2nd Guardian Name:
Guardian Cell Phone:	2nd Guardian Cell Phone:
Home Phone:	(Best) WORK Phone:
Guardian Email:	2nd Guardian Email:

EMERGENCY CONTACT INFORMATION

Hospital Preference:	Physician's Name:
Medical Conditions:	Allergies:
Emergency Contact:	Phone:
Emergency Contact (other than Guardian):	Phone:

RELEASE, WAIVER OF LIABILITY AND INDEMNIFICATION

General:

By signing below, I hereby agree to release and hold harmless D.R.E.A.M. Alive, Incorporated, its affiliates, subsidiaries, employees, officers, directors, employees, and the Indianapolis Colts Organization from and against all liability as a result of my student's participation in ALL APPROVED D.R.E.A.M. Alive, Incorporated programming and/or events. Moreover, as the parent(s) and/or legal guardian(s) of the above referenced student, I agree to indemnify and hold D.R.E.A.M. Alive, Inc. and it's agents, employees, individual staff and volunteer harmless against any and all claims, liabilities, losses, damages, or expenses of any kind, including reasonable attorney fees, sustained as a result of participation in any and all after-school programming and/or events held by D.R.E.A.M. Alive, Incorporated.

Scholar Programming and Trips:

I give my child permission to participate in D.R.E.A.M. Alive, Inc. Programming and attend field Enrichment trips sponsored and/or hosted by D.R.E.A.M. Alive, Inc. to local establishments, businesses, college, universities and attractions throughout Indiana and surrounding states. I hereby grant permission of my son/daughter to be transported by D.R.E.A.M. Alive, Inc. staff and other program instructors in conjunction with attendance and activities directly related to his/her participation in ALL D.R.E.A.M. Alive, Inc. programming held at approved after-school programming sites and venues. Programming includes, but not exclusive to, ALL D.R.E.A.M. partnerships, sponsorships and collaborations, whether taking place daily, weekly, monthly, annually or otherwise.

I understand every reasonable precaution will be taken to safeguard my child at all times. Furthermore, I understand adequate and appropriate supervision will be provided at all times during programming.

I have read the above provisions and I do hereby give my permission for my child to fully participate in all after-school Programming, attend field trips and/or outside events/activities sponsored by D.R.E.A.M. Alive, Incorporated and be transported by D.R.E.A.M. Alive, Incorporated and/or its designated agents or contractors.

I understand that the student, my child participates in D.R.E.A.M. Alive, Incorporated programming, events, trips, and activities at his/her own risk.

→ Parent/Guardian Signature:	Date:
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MEDIA RELEASE

I grant to D.R.E.A.M. Alive, Inc. the exclusive right to use my child's interview/photograph/video or film likeness in media and promotional materials. I authorized others to use all or any part of my child's interview/photograph/video in related media such as books, magazines, journals, pamphlets, electronic (internet) and other written and video formats. The undersigned also releases D.R.E.A.M. Alive, Inc and its directors, its members, trustees, founders, officers, employees, partners, and agents, as well as the Indianapolis Colts and its agents, from any and all claims, demands, causes of action and suits, including by not limited to, claims for invasion of privacy, defamation, breach of contract or other breach of duty arising out of or in connection with the use of any interview, photograph, video or other media representations.

→ Parent/Guardian Signature:	Date:
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FERPA RELEASE: Please fill out the FERPA release **on the back of this application** and sign it on the spaces we have circled. This allows DREAM Alive to help better hold your student accountable to succeed in the classroom.

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* Complete highlighted parts.

**AUTHORIZATION TO USE AND/OR DISCLOSE
PROTECTED HEALTH AND EDUCATIONAL INFORMATION**

INDIANAPOLIS PUBLIC SCHOOLS
Special Education / Student Services Department

Student Name: _____
Address: _____
Telephone: _____ DOB: _____

I hereby request and authorize DREAM Alive, Inc.
7828 E. 88th Street Indy, IN 46256 (Agency, School, Hospital, Doctor, etc.)
(Street Address, City, State, Zip) (Telephone Number) (Fax Number)

to furnish to _____ Indianapolis, IN 462
(Name of School / Department in IPS) (Street Address, City, State, Zip)

Attention _____ Telephone No. _____ Fax No. _____
(Name of IPS Person / Position)

any and all pertinent information, including verbal communication and/or any of the following reports:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Attendance Reports | Medical File |
| Birth Certificate | Multidisciplinary Evaluation Team Reports |
| Case Conference Reports / IEPs | OT Evaluation / Progress Reports |
| <input checked="" type="checkbox"/> Discharge Reports | Psychological Evaluation Reports |
| <input checked="" type="checkbox"/> Discipline Reports | PT Evaluation / Progress Reports |
| <input checked="" type="checkbox"/> Grade Reports / Testing Results | Speech/Language Evaluation / Progress Reports |
| Hearing Evaluation / Vision Evaluation | Others |
| Immunizations | _____ |

I hereby request and authorize Indianapolis Public Schools to verbally communicate with and/or furnish any or all of the above -marked files to DREAM Alive, Inc.
(Name / Position) (Agency, School, Hospital, Doctor, etc.)
7828 E. 88th Street Indy, IN 46256 317-721-2618
(Street Address, City, State, Zip) (Telephone Number) (Fax Number)

This information will be used to develop an education program for the above -named student. This authorization may be revoked at any time by the undersigned by giving written notice to _____
(Name of IPS Person / Position)

Revocation of this authorization will not affect any action taken in reliance on this authorization before IPS' receipt of the notice of revocation. By authorizing the disclosure of the student's health information in accordance with this Authorization, the student's health information may be further disclosed and may no longer be protected by federal health information privacy laws.

This authorization will expire (complete one):
 On _____ / _____ / _____
 On occurrence of the following event: completion of the DREAM Alive after school program
 At expiration of the 20__ - 20__ school year

(Signature of Parent / Guardian)

(Printed)

Date: _____

R017
Revised 09/15/04

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