



MPF STUDENT PARTICIPATION PARENTAL CONSENT AND RELEASE OF LIABILITY FORM

Please Print Legibly

Student Name: (First/Middle I/Last) _____

School Attending: _____ Age: _____ Grade: _____ School ID #: _____

Due to the tragic events in our community, there was an overwhelming demand to develop a safe network of trust for students in CISD schools. The goal of My Person Foundation (MPF) is to create an all-inclusive male and female environment where students not only have a safe place to communicate, but also learn to protect and support one another. Our mission is:

- ✦ Help students understand their value and support their journey to self-acceptance
- ✦ Assist students in finding, acknowledging and accepting their self-worth
- ✦ Provide students with a safe and healthy environment for peer-to-peer communication
- ✦ Guide students in creating a kind, positive and accepting environment within their school
- ✦ Encourage an open dialogue between students and highly respected community professionals regarding sensitive topics, questions, problems and concerns commonly encountered by teens
- ✦ Promote the importance of supporting and protecting one another from negative influences
- ✦ Educate students on the importance of healthy, respectful and courteous personal and social media relationships
- ✦ Serve as a liaison between CISD schools and community professionals to help meet the needs of students

The MPF creates support groups, Sisterhood Squad and Brotherhood Bond, which are separate all-inclusive female and male school clubs throughout CISD schools. These clubs will meet once a month during school or over student lunches. In this group, students can submit topics or anonymous issues either at club meetings, through school counselors and teachers, or directly to us through our website. After reviewing the most commonly submitted or hot topic issues, MPF will bring in certified professionals or experts on these topics to our following club meeting. We will then create an open dialogue on these issues between students and professionals. The My Person Foundation is a registered 501(c)3 nonprofit organization registered in Spring, Texas. Neither the organization nor the individual members are employed through CISD.

I, _____ the undersigned, certify that I am the parent or legal guardian of the above-mentioned student. I hereby authorize my minor child named above to attend and participate in the My Person Foundation activities. I understand that my minor child must obey all rules and follow instructions of the person(s) in charge of the meetings and events. I consent to and understand that the person in charge of the meeting has the right to involve school counselors/staff if my child is, in their opinion, a hazard to the safety or well-being of others. I understand that if my child is sent back to class or asked to leave an event, it was for my child's safety and that of other MPF students. I have carefully considered my decision, the benefits and risks involved and hereby give my informed consent, on behalf of the listed minor child, for him/her to participate in all activities as set forth, Release and Waiver of Liability, and such terms are incorporated herein.

I _____ also hereby give the My Person Foundation and their legal representatives and assigns, the right and permission to photograph my child while she is attending or participating in any My Person Foundation events occurring on or off campus. I further agree that any photographs taken may be used, in any form, in publications, presentations, social media sites, CISD materials, promotional literature, advertising, or in similar ways, and that such use shall be without payment of fees, royalties, special credit, or other compensation. I understand that all photographs taken, in whatever medium, shall remain property of My Person Foundation.

I have read and understand the above terms, release and waiver of liability, any questions of mine have been answered, and I agree to all such provisions. All releases, authorizations and permissions granted above shall remain in effect unless revoked in writing by the My Person Foundation Board of Directors.

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date Signed ____/____/____

