



African Community Housing & Development

Education Programs Participation Information and Agreement

This form is for the parent or legal guardian to complete, unless the participant is 18 years old or older, in which case the participant should complete it.

There are three parts:

- 1) Contact Information
- 2) Check-in/Check-out
- 3) Medical and Health Information
- 4) Legal Acknowledgement and Waivers

Please read and complete all sections accurately.

If you have any questions please contact us at abby@achdo.org. You can review a blank version of this entire agreement and participation information in advance at achdo.org.

Please provide the email address of the adult completing this form:

1. Email address: _____

Section 1: Contact Information

2. Participants First Name: _____
3. Participants Last Name: _____
4. Participants Date of Birth: _____
5. Participant's gender: _____
6. Participant's School (if enrolling in afterschool program): _____
7. In what program are you enrolling?
 - Positive Family Connections
 - Curiosity Lab
 - Outdoor Explorers
 - Other : _____

8. Parent/legal guardian #1 Name: _____

The adult completing this form. Leave blank if participant is an adult.

a. Your mailing address, City, State, Zip code: _____

b. Your phone number: _____

9. Do you prefer phone calls, texts, or emails if we have a reminder or question?

We don't always have the option to choose, but, when possible, we will use your preferred method.

- Phone call
- Text message
- Email

10. Parent/legal guardian #2 Name: _____

a. Their mailing address, City, State, and Zip code: _____

b. Their phone number: _____

11. If you have listed parents/guardians above, we'll contact them first if we need something, then the emergency contacts below. If that is not your preference please explain: _____

12. Additional Emergency Contact Name (Who should we contact next if there is an emergency and we can't contact you?) _____

a. Relationship to participant: _____

b. Phone number: _____

13. Second emergency contact Name (Who should we contact next if there is an emergency):

a. Relationship to participant: _____

b. Phone number: _____

Section 2: Participant check-in/check-out

Please fill this section out only if registering a minor in day-camp education programs.

14. **Pick-up list:** This is a list of adults that are authorized to pick-up my child. I understand that ONLY persons listed on the pick-up are authorized to pick-up my child. ID will be checked, and participant(s) must be signed-out at pick-up to ensure participant safety.

Name	Phone Number

15. Please complete by initialing each section.

____ I understand that I must check-in my child at the beginning of every day by signing them in with an ACHD Staff member.

____ I understand that I must arrive on time for parent pick-up. After 15 minutes, I will be charged at a rate of \$1.00 per minute.

____ I understand that if I and all emergency contacts/pick-up persons I have listed are unreachable by phone AND are more than two hours late for pick-up, ACHD staff will work together with proper authorities to ensure child safety.

16. Walk home permission (only complete if applicable):

I, _____ give permission for _____ to walk home from ACHD's
(Your name) (Participant's name)
Learning Center. I understand that this means I am foregoing the check-in/check-out procedure and do not hold ACHD responsible for my Child's safety after leaving ACHD property.

Section 3: Medical and Health Information

17. Please describe the participant's overall physical and mental health and fitness level, including any behavior trends we should be aware of:

Please include any conditions that could be relevant. For example: asthma, diabetes, seizure disorders etc.

18. Does the participant have any dietary restrictions or any allergies? This includes: 1) food allergies 2) environmental triggers, and 3) medical allergies. If so, please explain:

19. (Day camps only) If the participant is on regular medication, please describe the condition, side effects, and expectation for staff:

At the beginning of camp, please expressly confirm your expectations with your child's instructor and come to an agreement that both staff and you are comfortable with. We may not be able to accommodate all expectations, so please make sure we agree before leaving your child.

20. Does the participant have an IEP?

If your child has an Individualized Education Plan (IEP) at school, please tell us about their needs.

21. If the participant is not current in all school-required vaccines and immunizations, please explain:

22. Does the participant require a booster seat?

Washington State law requires that children less than eight years old must be restrained in child restraint systems, unless the child is four feet nine inches or taller.

- Yes
- No

23. If yes, will you supply one for the participant?

- Yes
- No

24. Do you believe the participant is mentally and physically fit to participate in the program for which she or he is enrolling? Please take this opportunity to address any conditions, concerns, or issues not already addressed above.

Note that all participants are expected to behave with respect for themselves and others. African Community Housing Development will operate under a covenant of good faith and fair dealing, but reserves the right to exclude a participant who is creating an unsafe environment or not behaving respectfully. If you have any questions about the participant's fitness for a program, please reach out at abby@achdo.org.

25. To help us evaluate whether we're serving a diverse cross section of our community, how does the participant identify their race and ethnicity: _____

26. Is there anything else you would like us to know?

Please notify African Community Housing Development of any pertinent changes to health or contact information before the program begins, thank you.

Section 3: Acknowledgement and Assumption of Risks, Release of Liability, Waiver of Right to Sue (Including Claims of Negligence), Indemnity, and Other Releases

Please read the following information, as it affects your legal rights. If you agree to it, please sign below. You are always welcome to ask for more information if you have questions by emailing abby@achdo.org. Registration in African Community Housing Development programs is voluntary. The name "African Community Housing and Development" (ACHD) in this participant agreement includes all staff, volunteers, board members, and agents of the organization. BY SIGNING BELOW I ACKNOWLEDGE AND AGREE on behalf of myself, my minor child, heirs, assigns, personal representatives, and/or estate as follows:

Activities and Risks:

ACHD programs operate in both urban and wild environments which include physical activity. Although serious injuries are uncommon in supervised environments, it is impossible to eliminate risk whether foreseeable or not. Although we want our programs to be healthy for participants, there are inherent (and other) risks, and we do not guarantee safety. It is important to be informed of risks, which can involve bodily injury, loss or destruction of property, illness, emotional distress, mental anguish, and even death.

Most programs include contact with urban environments and as such carry associated risks. African Community Housing and Development often contracts with separate entities to provide services relating to instruction, transport, field trips, guiding, and others. Contracting can reduce accountability, add potential for miscommunication, and/or differing expectations which can increase the opportunity for, or severity of, consequences.

COVID-19 Considerations

The World Health Organization has declared COVID-19 a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, federal, state, and global health agencies have set forth recommendations. African Community Housing and Development follows all Washington State Department of Health guidelines related to masking, social distancing, vaccination, isolation, and reporting. For more information and up-to-date recommendations visit www.doh.wa.gov. Even with following DOH guidelines strictly, African Community Housing and Development cannot guarantee participant health and safety related to COVID-19 transmission, infection, and disease.

Medical Treatment

In the event of an emergency, I hereby certify that I am/the parent/legal guardian of _____, do grant African Community Housing and Development full authority to take whatever action they may consider appropriate under the circumstances involved regarding the health and safety of myself/my child and authorize them to obtain emergency medical or dental services for myself/my child, if necessary, at my expense.

Acknowledgement and Acceptance of Risks:

I ACKNOWLEDGE, ACCEPT, AND AGREE THAT:

- I understand the information in this form and am fully and truthfully completing it;
- I understand unknown or unanticipated, risks, inherent or otherwise, may result in injury, illness, death, or property loss;
 - African Community Housing and Development may use private contractors and is not responsible for the acts or omissions of contractors;
- I have reviewed and understand the risks and other information presented in this form, and I ASSUME THE RISK FOR THE PARTICIPANT'S INVOLVEMENT in ACHD's programs

RELEASE AND WAIVER OF RIGHTS, INCLUDING CLAIMS OF NEGLIGENCE

I hereby voluntarily forever RELEASE, HOLD HARMLESS, AND AGREE NOT TO SUE ACHD with respect to any and all claims—INCLUDING CLAIMS OF NEGLIGENCE—liabilities, suits, or expenses, for any loss, damage, injury, disability, death, loss of consortium, breach of contract, or any other claim arising in whole or part from the participant's enrollment, participation, or presence on an ACHD program or involvement in any activity described herein. I understand that I AGREE TO WAIVE ALL CLAIMS I MAY HAVE AGAINST ACHD, MEANING I WAIVE MY RIGHT TO SUE.

Indemnification

I agree to indemnify (“indemnify” meaning to compensate for loss or damage, including but not limited to legal costs, attorney's fees, and any damages awarded by a court) ACHD against any claim by me or member of the participant's family, arising from an injury or any other loss suffered by the participant in ACHD's program. THIS MEANS I AGREE TO PAY FOR ACHD's FEES, COSTS, AND DAMAGES.

Forum Selection; Severability; Entire Agreement

In the event that I file a lawsuit against ACHD, despite the agreements in this form, I agree to do so solely in the State of Washington, agree that the substantive law of Washington shall apply without regard to the conflict of law rules of any state, and agree to submit to the jurisdiction of the Washington courts. I waive any other jurisdiction or venue. I agree that in the event that any part of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect. If, under the law, government land where activities may occur requires limiting this agreement, I agree that this agreement remains valid and enforceable to the maximum extent allowed by law. I understand that this document constitutes the entire agreement between ACHD and me and that it cannot be modified or changed except when mutually agreed to in writing AND expressly stating that this agreement is being modified. I am also therefore waiving any claims I might have for breach of contract or warranty for statements or representations made outside of this agreement.

Media Release:

____ African Community Housing and Development may use and distribute photo, or audio recording taken of the participant during an African Community Housing and Development program.

30. Do we need anyone else's signature on this form?

Check "other" if we need to reach out to another parent/guardian for their permission. If so, type in their name/contact info.

- No, I'm the participant and am 18 years old or older.
- No, I am the participant's parent or legal guardian and have the consent of any other parent(s)/guardian(s) to act on their behalf by completing and signing this form.
- Yes, the other parent or guardian has reviewed this form with me and is also signing below.
- Other: _____

31. Signature(s). To sign this agreement, please write your name:

By entering your name below you are signing this form, and acknowledge you have read and understand it, agree to it, and that it shall be binding on you, your heirs, assigns, personal representatives, and estate. Please do not sign this agreement unless you understand and agree to it.

32. If needed, signature of Parent/Guardian #2

By entering your name below you are signing this form, and acknowledge you have read and understand it, agree to it, and that it shall be binding on you, your heirs, assigns, personal representatives, and estate. Please do not sign this agreement unless you understand and agree to it.

33. If parent/Guardian #2 signed, please provide their email address:
