Dan Prince Chief Probation Officer

Elizabeth V. Sais Assistant Chief Probation Officer



Consent Form to Use Photo Likeness

Youth's Full Name:	
Release and Hold Harmless Agreement	
I, , hereby consent to the use of my digital media, by Imperial County Probation, its officers, emp and successors, for the purpose of promoting the goals and obtained in the control of the purpose of promoting the goals.	· ·
I fully understand that photographing and interviewing advertising and media releases will reveal to the public my recipient of services from or employee/volunteer of Imperia any right of privacy, anonymity, and/or confidentiality correcognized laws.	likeness, photograph and status as a l County Probation. I hereby waive
I hereby release and forever discharge the Imperial County agents, affinities and successors for any liability from any inju and confidentiality arising out of or in connection with the re of my likeness.	ry or damage to or loss of anonymity
I have carefully read this release and hold harmless agreement am aware that it is a full release of all liability and sign it of re-	•
Dated:	
Signature of Child	Date
Signature of Parent/Guardian	Date
Signature of Program Supervisor Description of Information Acquired: Photograph(s)	Date

Dan Prince Chief Probation Officer

Elizabeth V. Sais Assistant Chief Probation Officer



Youth's Full Nam	ie:		
	Accessibility for Contact of Pa	rent/Guardian	
guardian can be reacl	d minor is participating in Project A hed at any time for notification of an e response such as a medical inciden	y incident that would re	quire a parent or
	ast one parent/guardian accessible at ect ASPIRE Program, may result in i		
I, number, i.e. work #,	, can be reached at home phone #.)	, or	(alternate
I am the minor's \square F	Parent 🗆 Legal Guardian 🗆 Family	Member □ Other	
En	nergency Notification and Release	Authorized Contacts	
Contact 1:			
Name	Relationship to Child	Address	
Home Phone:	Cell Phone:	Work Phone:	
Check All That App	oly:		
☐ May Contact In A	An Emergency □May Contact In No. egular Pick-Up/Early Dismissals	n-Emergencies (For Pic	·k-Up)
Contact 2:			
Name	Relationship to Child	Address	
Home Phone:	Cell Phone:	Work Phone:	
Check All That App	ply:		
_	An Emergency □May Contact In No.	on-Emergencies (For Pic	:k-Up)
\square Authorized for R	egular Pick-Up/Early Dismissals		

Name	Relationship to Child	Address
77 D/	C II DI	W. I DI
Home Phone:	Cell Phone:	Work Phone:
Check All That App	lv:	I
	n Emergency ☐May Contact In Non	-Emergencies (For Pick-Up)
•	egular Pick-Up/Early Dismissals	1/
	2 -	
Contact 4:		
Name	Relationship to Child	Address
	•	
Home Phone:	Cell Phone:	Work Phone:
Check All That App		
☐ May Contact In A	n Emergency □May Contact In Non	-Emergencies (For Pick-Up)
	egular Pick-Up/Early Dismissals vill allow my child to walk home by the	hemselves to and from the program.
By signing below, I w	vill allow my child to walk home by th	hemselves to and from the program. Date
By signing below, I we signature of Parent/ If for any reason I can a signed note stating	vill allow my child to walk home by the Guardian	
By signing below, I we signature of Parent/ If for any reason I can a signed note stating adult who will be pre-	For the second s	Date program staff in advance and/or send be released. This must be responsible
By signing below, I we signature of Parent/ If for any reason I can a signed note stating adult who will be pre	Fill allow my child to walk home by the Guardian to whom I will authorize my child to sent with a photo identification. Seation carefully and have answered by my knowledge.	Date program staff in advance and/or send be released. This must be responsible

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Signature of Program Supervisor



Youth's Full Name:		
Date of Birth:	Age:	
by the Imperial County Proba do hereby release, forever do Department, its members and for personal injury, sickness whatsoever which may be in-	repted by Project ASPIRE, for particulation Department, we (I), as the particulation Department, we (I), as the particulation of the particulation and agree to hold harmles don't the County of Imperial of any as or death, as well as property damped to the undersigned and the correct ASPIRE program activities.	rent/guardian of ss the Imperial County Probation nd all liability, claims or demands hage and expenses, of any nature child participants that occur while
Furthermore, authorization necessary transportation for t	and permission is hereby given this participant.	to said program to furnish any
employees and agents, for a	by agrees to hold harmless and indeany liability sustained by said prograid participants, including expense	gram as a result of the negligent,
Signature of Parent/Guard	ian	Date

Date

Dan Prince Chief Probation Officer

Elizabeth V. Sais Assistant Chief Probation Officer



Acknowledgements and Permissions

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1. Covid-19

Parent/Guardian Initials: ____

I acknowledge that Imperial County Probation is making after-school/after-hours recreational opportunities available to me during the global Covid-19 outbreak. I understand that Imperial County Probation will take precautionary measures, including but not limited to sanitizing the spaces and supplies that will be utilized, and comply with all required directives from the Imperial County Public Health Department. Notwithstanding, I understand and agree that by placing my child in the facility, that my child may be exposed to individuals that have been exposed to Covid-19 and that my child is therefore at risk of exposure to the virus, irrespective of any precautionary measures taken by the department. I agree that if my child becomes ill or exhibits any symptoms of illness, including but not limited to, fever, cough, or shortness of breath, I will alert the program staff providing the services and will keep my child home until otherwise cleared to return by a licensed physician. I further agree that if my child becomes ill or exhibits symptoms of illness while under the care of Imperial County Probation staff, I will immediately pick up my child upon notification.

2. Medical Information; Release

Parent/Guardian Initials: __

I represent that all relevant medical information regarding my child has been provided to Imperial County Probation staff. I understand and agree that if my child requires any medications, that I will be responsible for administering such medications. Imperial County Probation staff will not administer any medications. I additionally give my consent for Imperial County Probation staff to contact an ambulance for my child in the case of a medical emergency. I understand that every effort will be made to contact me or my emergency contacts in the event of an emergency prior to such action. Treatment may take place at a medical facility. Any expense incurred will be borne by me.

3. Topical Non-Prescription Product Application Parent/Guardian Initials:

I understand there might be occasions when my child may need a topical non-prescription product – for his/her own health, safety and comfort – such as sunscreen, insect repellent, first aid ointment, etc. I grant permission for Imperial County Probation personnel to apply such products top my child when needed to prevent sunburn, bug bites, infection, etc.

	I understand and agree that my child will be under the supervision	E because they enhance local schools, parks, probation will furnish ffer excursions within the control of the c
	Probation personnel and must obey all rules and instructions provide while services and activities are ongoing.	ed by department staff
6.	Disciplinary Actions I understand the rules and requirements of Project ASPIRE, which are safe, welcoming, and comfortable environment for participants and everyone "treat others the way you want to be treated." I understand to violates the rules and agreements, depending on the severity of the violates the rules and agreements, depending on the severity of the violates the rules and agreements, depending on the severity of the violates the rules and agreements, depending on the severity of the violates the rules and agreements, depending on the severity of the violates the rules and agreements, depending on the severity of the violates the rules and agreements, depending on the severity of the violates the rules and agreements, depending on the severity of the violates the rules and agreements, depending on the severity of the violates the rules and agreements, depending on the severity of the violates the rules and agreements, depending on the severity of the violates the rules and agreements, depending on the severity of the violates the rules and agreements, depending on the severity of the violates the rules and agreements, depending on the severity of the violates the rules and agreements, depending on the severity of the violates the rules are rules and agreements, depending on the severity of the violates the rules and agreements, depending on the severity of the violates are rules and agreements, depending on the severity of the violates are rules and agreements.	staff by requiring that hat any participant that plation, may be subject an early dismissal, and if my child violates a required to immediately
7.	Acknowledgement of Revocation or Invocation of the Above and A Permissions or Releases I understand that I may revoke or invoke any of the abovemention permissions or releases in writing at any time. If I chose to revoke or release, it is my responsibility to provide written notification to Imperoject ASPIRE personnel, requesting the revocation or invocation. If Liability Waiver (Hold Harmless Release), I understand my child will to participate in Project ASPIRE.	ian Initials:ned or aforementioned invoke a permission or erial County Probation I choose to revoke the
Sig	gnature of Parent/Guardian	Date
Sig	gnature of Program Supervisor	Date

Dan Prince
Chief Probation Officer

Elizabeth V. Sais Assistant Chief Probation Officer



Code of Conduct

Youth's Full Name:

Project ASPIRE is a youth-serving program dedicated to providing pro-social after school programming for youth. Participation in the after school program is subject to the observance of certain rules and procedures. Please observe at all times the following:

- **Drugs/Alcohol.** The possession or use of alcoholic beverages or illegal drugs during the program is prohibited.
- **Hazardous Items.** Bringing onto the program any dangerous or unauthorized materials such as explosives, firearms, knives, archery equipment, and other similar items is prohibited.
- Vehicle Conduct. The operation of motor vehicles by program staff will occur on an ongoing basis. All youth participants are required to wear their seatbelts and remain in their seats while the vehicle is operating.
- Coming and Going. Youth participants are not to leave the program until they have verbal permission from program staff. All program staff are expected to document the time of arrival and time of dismissal in the attendance roster for all youth enrolled in the program.
- **Behavior.** Bullying, horseplay, gambling, pranks, practical jokes with malicious intent, violating the right of others, rudeness/ridicule of others (including, but not limited to, program staff members, site county/city staff, housekeeping staff, vendors and other participants, etc.), is prohibited.
- **Violence/Harassment.** There is zero tolerance for violence, physical abuse, or harassment and may lead to immediate termination from the program. The following acts are strictly prohibited:
 - o Physical, written or verbal abuse of any person, including self, or any action that threatens or endangers the emotional well-being, health or safety of any person.
 - o Abusive language towards a staff member, volunteer or another participant.
 - Discourtesy or rudeness to a fellow participant, staff member or volunteer.

- Verbal, physical or visual harassment of another participant, staff member or volunteer.
- o Actual or threatened violence toward any individual or group.
- o Conduct endangering the life, safety, health or well-being of others.
- o Bullying including verbal, physical, and cyber bullying.
- **Property.** Misuse, tampering, vandalism, theft, damage or unauthorized access of program property or the property of others is prohibited. Charges may be assessed against those participants who are responsible for damaging or misusing property belonging to County of Imperial.
- **Technology.** The inappropriate or harmful use of smart devices, computers, internet, cell phones, cameras, imaging, and digital devices is prohibited including use of such devices in restrooms, or other areas where participants expect privacy.
- **Violations.** Failure to follow any agency policy or procedure and failure to cooperate with an adult supervisor/leader/mentor/youth specialist may result in termination from the program.

I have read and I understand Project ASPIRE Code of Conduct. I agree to abide by the rules described above and understand that I may be removed as a participant if I violate any of these rules.

Youth's Signature:	Date:
Parent's Signature:	Date:
Witness' Signature:	Date: