



Authorization Agreement *School Copy*

450 Boy Scout Road, Boswell, PA 15531
814-629-6516
email@outdoorodyssey.org
www.outdoorodyssey.org

Authorization Agreement

I, _____, hereby give my permission for my son/daughter,
(Name of Parent or Guardian)

_____ to participate in the OUTDOOR ODYSSEY Youth
(Name of Participant) Mentoring Program.

Furthermore, I release Outdoor Odyssey at Roaring Run, Inc., its employees, and its volunteers of any and all liability for or on account of any personal injury which my child may incur while my child is participating in Outdoor Odyssey's programmed activities. I further authorize Outdoor Odyssey to photograph my child for use in promotional materials for the program.

Additionally, I authorize my child's school to release information regarding my child's grades, attendance records, IEP, and behavioral updates, which will be held strictly confidential by Outdoor Odyssey at Roaring Run, Inc., and will not be released without the written consent of the person/agency who authored the information or agency who maintains responsibility for its consent. I give my permission for my child's mentor to meet with him/her during school hours when arranged with school personnel or before/after school hours with my express consent.

Furthermore, I give my child's school permission to fully cooperate with his/her mentor should they be contacted about his/her goal progress and/or academic performance.

I also give permission for my child's school to inform Outdoor Odyssey of any changes throughout the program year regarding: addresses, phone numbers, family status, addition of any services provided to my child, changes or transfers in schools or other educational programs, and/or if my child is hospitalized for any reason.

I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken which was based on my consent, I may withdraw this consent at any time by writing to Outdoor Odyssey at the above address.

Please identify any existing agencies that may currently assist your child. Working together helps strengthen the support for your child and helps us identify funding sources for your child's experience. Check all that apply.

- Children and Youth Services
- MH/MR
- Big Brothers Big Sisters
- Wraparound Services (BHRS: Behavioral Health Rehabilitation Services)
 - TSS
 - BSC
 - Family based
 - Mobile therapy
- Other (please list): _____

Weeks this summer when my child CANNOT attend camp: _____

(Print Name of Participant's Parent or Guardian)

(Relationship to Participant)

(Signature of Participant's Parent or Guardian)

(Date Signed)



Authorization Agreement *Office Copy*

450 Boy Scout Road, Boswell, PA 15531

814-629-6516

email@outdoorodyssey.org

www.outdoorodyssey.org

Authorization Agreement

I, _____, hereby give my permission for my son/daughter,
(Name of Parent or Guardian)

_____, to participate in the OUTDOOR ODYSSEY Youth
(Name of Participant) Mentoring Program.

Furthermore, I release Outdoor Odyssey at Roaring Run, Inc., its employees, and its volunteers of any and all liability for or on account of any personal injury which my child may incur while my child is participating in Outdoor Odyssey's programmed activities. I further authorize Outdoor Odyssey to photograph my child for use in promotional materials for the program.

Additionally, I authorize my child's school to release information regarding my child's grades, attendance records, IEP, and behavioral updates, which will be held strictly confidential by Outdoor Odyssey at Roaring Run, Inc., and will not be released without the written consent of the person/agency who authored the information or agency who maintains responsibility for its consent. I give my permission for my child's mentor to meet with him/her during school hours when arranged with school personnel or before/after school hours with my express consent.

Furthermore, I give my child's school permission to fully cooperate with his/her mentor should they be contacted about his/her goal progress and/or academic performance.

I also give permission for my child's school to inform Outdoor Odyssey of any changes throughout the program year regarding: addresses, phone numbers, family status, addition of any services provided to my child, changes or transfers in schools or other educational programs, and/or if my child is hospitalized for any reason.

I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken which was based on my consent, I may withdraw this consent at any time by writing to Outdoor Odyssey at the above address.

Please identify any existing agencies that may currently assist your child. Working together helps strengthen the support for your child and helps us identify funding sources for your child's experience. Check all that apply.

- Children and Youth Services
- MH/MR
- Big Brothers Big Sisters
- Wraparound Services (BHRS: Behavioral Health Rehabilitation Services)
 - TSS
 - BSC
 - Family based
 - Mobile therapy
- Other (please list): _____

Weeks this summer when my child CANNOT attend camp: _____

(Print Name of Participant's Parent or Guardian)

(Relationship to Participant)

(Signature of Participant's Parent or Guardian)

(Date Signed)