



Permission to Participate

I give my teen, _____, permission to participate in the PATHworks!™ Get Your ACT Together™ services.

I understand that (please initial by each bullet):

- _____ • Program sessions will be held at the PATHworks!™ office, 2106 Braewick Circle, Akron or alternative location listed on attached schedule, if applicable. Any revisions to program session location will be confirmed in writing (email or hardcopy schedule) prior to session.
- _____ • I am responsible for transporting my child to and from all sessions and agree to be on time.
- _____ • I will complete the attached Self health assessment form and my child will bring it with him/her to their first session. I understand that without the form on file, my child will not be allowed to participate, and no refund will be given for missed session. I agree to take all actions instructed on the form and only send my child to sessions when he/she does not exhibit any illness indicators as outlined by the CDC and explained by the Ohio Department of Public Health and Summit County Department of Public Health (attached).
- _____ • I will communicate any scheduling conflicts as soon as possible, and at least 2 days prior to the change, by calling/texting Patricia Wicks at 330-861-4973. If I do not, the session will be considered a missed session.
- _____ • PATHworks!™ will work to accommodate one (1) scheduling conflict , to the best of our ability once we finalize our session schedule.
- _____ • There are no refunds for missed sessions. Please communicate.
- _____ • If I have any questions or concerns, I can contact Patricia Wicks at 330-861-4973 or at patricia@pathworksohio.com.

For the purposes of participating in the PATHworks!™ program. I understand that reasonable care and supervision will be exercised to provide for the general well-being of my teen. I understand that social distancing and a facial covering are required of PATHworks instructors and all participants to participate in any in-person sessions.

I hereby release, discharge and hold harmless Patricia Smoot Wicks Consulting LLC, PATHworks!™, its affiliated organizations, their employees, volunteers, and associated personnel from all losses, claims, expenses, actions, causes of action, cost, damages and obligations, financial and otherwise, arising from any and all acts of unforeseen contingencies that result in injury to persons or property while participating in activities of the PATHworks!™ program.

Parent/Guardian Signature

Date

Parent/Guardian Name (PRINT)

Contact Telephone Number

Emergency Contact/ Relationship / Contact Telephone Number

