



## ACKNOWLEDGMENT AND PERMISSION FORM FOR PARENTS OR GUARDIANS

Name of Child: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Cell #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell #: \_\_\_\_\_

Program Dates: \_\_\_\_\_ Cost: \_\_\_\_\_

The Shine program discusses sensitive information, including teaching about body safety, internet safety, safe adults, and safe communication. We are committed to using anatomically correct terms with your kids as studies have shown that this will help the kids to establish healthy boundaries for your child's continued development. This program also describes pornography to the students as the taking and sharing of photos or videos of private body parts. The program encourages choosing safe and trustworthy adults and gives them tools to help identify these adults.

Students will also be taking part in active games and other learning activities. All physical activities present various elements of risk. Games and activities will be instructor lead and monitored during the program time with an abundance of caution. Incidents related to such activities may occur and cause injury through no fault of this program or the facility at which the activity or event is being held.

I voluntarily agree to allow my child to participate in this program. By voluntarily allowing participation, I agree that my child will be encouraged to use the proper names of body parts as we discuss the dangers of allowing pictures to be taken of those body parts. I also understand that there are inherent risks and hazards to the physical activities of this curriculum. I agree to accept all risks and hazards and will be responsible for any injury or other loss which may occur during the participation of my child. I also authorize The Salvation Army to seek emergency medical treatment for my child in the event of injury.

Special Information (please list any pre-existing medical conditions including allergies):

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Signature of Parent/Guardian

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Date