



# Alliance Program

My signature at the bottom of this form indicates that I am a parent/guardian of \_\_\_\_\_, who will be participating in the Alliance Program, I agree to the following:

I give permission for my child(ren) to participate in the Alliance Program. I agree to hold Connections for Families, its officers, directors, board members, staff, volunteers, and other agencies affiliated with Connections for Families harmless for any property damage or personal injury that may occur in conjunction with the activities or transportation to, from, or during my child(ren)'s participation in the Alliance Program.

## Consent to Release of Information for Evaluation Purposes

I understand that Connections for Families/CMHC will store basic family demographic information and basic data about Alliance Program in a database for the purpose of overall program evaluation and program involvement. This information will be submitted to a secure, firewall protected online database. Connections for Families/CMHC will not share personal, identifying information with any other agency, group, program or individual. I will not be denied any services offered by Connections for Families/CMHC if I decline to share my information in this database.

- I consent to the release of this information
- I do not consent to the release of this information

## Photo Release Form for Minors

Connections for Families has my permission to use my or my child's photograph publicly to promote the Alliance Program. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

- I consent to allow my child to be photographed to promote Alliance Program
- I do not consent my child to be photographed to promote Alliance Program

## Release of School Information

I, \_\_\_\_\_, as the parent/legal guardian of \_\_\_\_\_, hereby give my permission  
Parent/Guardian Name Student Name

to Connections for Families to speak with my child's teacher(s) to plan educational goals for them as well as to request academic records and supplemental materials for activities during tutoring sessions.

Please check one:  Yes  No

\_\_\_\_\_  
Parent/Legal Guardian Signature

Date \_\_\_\_\_