**WAIVER OF RESPONSIBILITY**

I give my permission for to participate in all

(Name of parent of guardian) (Name of Child)

activities held at, or sponsored by Ryves Youth Center at Etling Hall, Catholic Charities Terre Haute, TIME for Me: Trauma Informed Care Mentoring Program, or their agents thereof.

I give my permission:

* for my child to participate in any field trips, or outings sponsored by Ryves Youth Center at Etling Hall, Catholic Charities Terre Haute, TIME for Me: Trauma Informed Care Mentoring Program, or their agents thereof.
* for my child to be videotaped, photographed, interviewed, or audiotaped by Ryves Youth Center at Etling Hall, Catholic Charities Terre Haute, TIME for Me: Trauma Informed Care Mentoring Program, the news media, or any of the above designated agent(s). I am aware the above-mentioned tapes or photographs may be used for publicity or educational purposes.
* for my child’s name to be used for publicity reasons, or to identify their writing, art, photography, or other creative materials.
* for my child to participate in support groups and counseling sessions provided by Ryves Youth Center at Etling Hall, Catholic Charities Terre Haute, or any agent thereof.
* for my child to participate in any written or verbal surveys conducted by Ryves Youth Center at Etling Hall, Catholic Charities Terre Haute, or any designated agent or collaborator.
* for my child to participate in online educational activities such as Zoom and other platforms. I understand that activities at Ryves Youth Center at Etling Hall are educational, recreational, and supportive in nature.
* for my child to participate in all meal and BackPack programs provided by Ryves Youth Center at Etling Hall.
* for my child to receive emergency first aid and medical treatment in case of accident or illness.

I will not hold Ryves Youth Center at Etling Hall, Catholic Charities Terre Haute, or any agent thereof responsible for any accident happening to my child. By signing this application, I agree to the above as well as to the rules located on the back of this application. By signing this application, my child also agrees to these terms and rules.

(Signature of Parent or Guardian) (Date) (Signature of Child)

**Ryves Youth Center at Etling Hall**

**Membership Rules**

Our guidelines are designed to create a safe and inclusive environment for everyone. Any concerns or issues will be discussed with our staff in a supportive and understanding manner.

1. Promote a Safe Environment. We maintain a safe environment for all by refraining from violent behavior, including using weapons, pushing, yelling, or any form of fighting. Please resolve conflicts peacefully.
2. Use Kind and Respectful Language. We encourage positive communication by avoiding the use of cursing or threatening language. Let's speak kindly to each other.
3. To keep our children healthy, we do not allow tobacco products, alcohol, or any drugs on our property, including vapes.
4. We value respect and courtesy. Please treat all staff, volunteers, and fellow members with respect and kindness.
5. For your safety, children are to be accompanied by adults or seek special permission before entering any area of the building.
6. Running is allowed in the gymnasium. Play safely and walk in all other locations.
7. One person at a time in the restroom, and please keep it clean and orderly.
8. If you have concerns with others in the gym, start by talking to the gym staff. They will help you resolve issues, involving the director or assistant director if necessary.
9. Children should not leave the building without permission. If waiting for a ride, stay inside.
10. To ensure safety, children should call for a ride home unless their parents have given them permission to leave.
11. Avoid playing or lingering in stairwells. Spend your time in designated areas like the gym, cafeteria or computer lab.
12. Please request permission before going on stage.
13. It's essential to clean up any mess you make. Let's keep our space tidy.
14. Basketball activities are confined to the gymnasium.
15. Please ask for permission before using the telephones.
16. Bicycles may not be brought into the building and should be locked securely on the bicycle rack. We are not responsible for lost or stolen bicycles.
17. Use of the elevator is by permission only.
18. Respect one another's personal boundaries, and report any incidents of discomfort to staff.
19. Romantic involvement between adults and juveniles is not allowed.
20. If you face disciplinary action, we expect you to approach it respectfully. You can accept the assigned discipline or call for a ride home and return the next day to discuss it with the director.
21. If something doesn't seem right, please share your concerns with a trusted staff member or have your parent/guardian contact the director. Your voice matters here.

I understand and will follow these rules.

(Child’s Signature)

I understand and will hold my child accountable for these rules.

(Parent/Guardian’s Signature)

Often, we take pictures and videos to be used for print and marketing materials to highlight our services, volunteers, employees, and the people we serve. We’d like your permission to use your and/or your child(ren)’s photograph, video, image and/or testimony by our local Catholic Charities agency, the Secretariat (department) for Catholic Charities at the Archdiocese of Indianapolis and for the materials for the Archdiocese of Indianapolis.

**For adults over 18 years old:**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, consent for Catholic Charities and the Archdiocese of Indianapolis to use my photograph, testimony, and the likeness in print and marketing materials and other communications.

\_\_\_ Initial here to consent to allow us to use the name of your employer or organization you represent with your name in promotional materials.

Name of employer/organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Date

**For children under 18 years old:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, consent for my child(ren)’s photograph, testimony, and the likeness in print and marketing materials and other communications by Catholic Charities and the Archdiocese of Indianapolis.

Child(ren)’s name(s)

If under 18, Signature of parent/guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_