



AUTHORIZATION AND CONSENT TO HEALTH CARE FOR MINOR

I, _____, of _____ County, am the custodial parent having legal custody of _____, a minor child, age _____, born ____/____/_____.

I authorize Mindset Kidz, to do any acts which may be necessary or proper to provide for the health care of the minor child, including, but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person whose services may be needed for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists and other medical personnel except the withholding or withdrawal of life sustaining procedures. I understand that every effort will be made to contact me in the event that my child requires healthcare and before any healthcare is administered to my child.

By signing here, I indicate that I have the understanding and capacity to communicate health care decisions and that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the agent named herein.

Please indicate below any need that requires special accommodations (allergy, disability, or other condition)

Special Needs: _____

Parent/Guardian Signature _____

Date Signed: _____



LIABILITY RELEASE FORM

*This form applies to **all participants**, both student and adult.*

I, the undersigned, hereby release and agree to hold harmless Mindset Kidz and its employees, agents and officers from any and all claims, including those of my heirs or assigns and my child's heirs or assigns, which may arise from any action or failure to act by any employee, officer or agent of agency in connection with my child _____'s participation with Mindset Kidz's Youth Program.

Participant's Name(print) _____

I, the undersigned, have read the foregoing and sign it of my own free will.

This the _____ day of _____, 2025

Parent or Legal Guardian's Signature

Address Phone #

Adult Participant's Signature



PHOTOGRAPHIC, VIDEO AND AUDIO CONSENT AND RELEASE FORM

This form applies to all participants, both student and adult.

I understand that photographs, videos, or audio recordings may be made of me (my child) during workshops and conferences. I give Mindset Kidz permission to take photographs of my child and to use these images or recordings for educational and promotional purposes. I further consent that my child name, school and city or county of residence may be revealed by descriptive text or commentary. Neither individual addresses nor telephone numbers will be published within these materials.

I do hereby give Mindset Kidz the right to exhibit any such works publicly or privately, including posting on the agency website. I waive any right, claims or interest I may have to control the use of my child's identity or likeness in the photographs, video or audio and agree that any uses described herein may be made without compensation or additional consideration to my child.

I represent that I have read and understand the foregoing statement and I am competent to execute this agreement.

Participant's Name (*print*) _____

(*If participant is under 18*)
Parent/Guardian name (*print*) _____ Date _____

Parent/Guardian Signature _____ Date _____



RULES OF CONDUCT

Student and parent/guardian must read and sign this form if student is under 18 years old.

WHEREAS, the Code of Ethics prohibits possession and/or use of alcoholic beverages and illegal drugs, or remaining in the presence of individuals who are using or taking illegal drugs; and

WHEREAS, sexual contact at any event or activity occurring within the time frame for the conference is prohibited; and

WHEREAS, any behavior that violates any of the laws of the United States or the State of North Carolina or any local ordinance is also prohibited; and

WHEREAS, the attendance at and full participation in scheduled workshops of Mindset Kidz is an expected part of enrollment in the initiative; and

WHEREAS, the Code of Ethics demands that all participants conduct themselves in a manner representative of Mindset Kidz, which includes showing respect for the property of others;

THEREFORE, I (*Print child's name*) _____, have read and agree to abide by all of the rules of the Code of Ethics and am aware that any infraction of the Code or a preponderance of the evidence that the Code has been violated by me will result in my parent/guardian being notified, in which event I will be disciplined, which may include expulsion from this and future youth involvement programs initiated by the Mindset Kidz– Youth program. If I am expelled from the program, I understand that it will be the responsibility of my parent/guardian to provide me immediate transportation home. The responsibility for making this determination is vested in the director of the Mindset Kidz – Youth programs or their designee.

This the _____ day of _____, 2025

Participant's Name

Participant's Signature

Parent/Guardian's Signature