Permission Slip

Congratulations, your child has been selected to represent your school/community in the Challenge Day Program! The goal of the Challenge Day Program is to build community and to help stop the teasing, violence and alienation that are so deeply a part of the school experience for millions of young people every day. Challenge Day is a powerful and transformational day that can change the way people view each other forever. It is a day of fun, friendship and new possibilities.

Challenge Day will be on _____ **from** _____ **to** _____
Date **Times**

Location: _____

Your child will need to arrive on time and bring a bag lunch unless otherwise indicated.

Adults are needed to assist with the day(s). Parents/Guardians are invited to take part in this program as Adult Participants. This can be a wonderful experience for youth and adults alike. If you would like to volunteer, please contact your School Coordinator:

_____ at (_____) _____
School Coordinator Name **Phone**

For more information about Challenge Day, please contact your School Coordinator at the above phone number. You can also visit www.challengeday.org or contact Challenge Day at 925-957-0234.

Please return the form below to _____ **no later than** _____ .

I give my permission for my child/ward to participate in the Challenge Day Program. I understand that the event is not required and that my child's/ward's participation is voluntary. I further understand that Challenge Day and the sponsoring school/organization, its officers, employees or agents assume no liability either directly or indirectly for injury or accident resulting from or in any way connected with this event.

I understand that the Challenge Day Program will deal with a wide range of issues such as leadership, self-esteem, social oppression, drug abuse, violence, racism and teasing. I also understand that the program will be fun, empowering, eye-opening and emotional. I have read the attached letter and have discussed confidentiality with my child/ward and support his/her participation. I further understand that my child/ward may be invited to participate in future Challenge Day Programs at his/her school, that members of the print and film media may be present at this event and that my child/ward may be photographed, interviewed or quoted as a participant in this program.

I have carefully read this statement and fully understand its contents. I am aware that this is a release of liability of Challenge Day and the sponsoring school/organization, its officers, employees or agents.

I give my permission for my child/ward (name) _____ to participate in the

Challenge Day to be held at (location) _____ on (dates) _____ ____

Parent Name (please print)_____

Parent Signature _____ Phone Number (___) _____