

Permission for Participation

We honor the fact that you are the primary health educators for your children and want to inform you about two exciting new curricula that we are introducing. One is called WAIT and the other is Connections. They are directive abstinence and healthy relationships curricula that promote the benefits of waiting until marriage to have sex and teach those who have already made the choice to have sex that they can choose to save sex for marriage now. These curricula are high-energy, fun, positive initiatives that empower your children to make healthy life choices and give them a toolbox full of tools to resist the constant sexual influences they are exposed to. Some of the exciting topics we address are:

- The differences between men and women
- The difference between love and lust
- How to give and receive love without being sexually active
- How to recognize a healthy relationship
- How to set dating boundaries
- Sexual refusal skills
- How to get to your hopes and dreams

The ATM/Connections program is not a sex education curriculum but rather it teaches students that sex is something special to be enjoyed only in a healthy and faithful marriage.

This program is fully sponsored by Future Foundation Inc. Please free to contact us at (404) 766-0510 with questions, comments and concerns. We welcome all parents to sit in on these classes and to ask any and all questions in regard to what your children will be learning. We also welcome you to come and review the curricula before we begin. Again, we know that it is your desire to teach your children how to be healthy and how to acquire to a great future. It is our intention to support you in that effort.

_____ do hereby consent for _____
(Printed name of parent or guardian) (Name of participant)

to participate in the ATM/Connections program at _____.
(Location)

(Signature of Parent or Guardian) (Date)

Future Foundation Waiver Agreement Form

HOLD HARMLESS AND LIABILITY RELEASE AND WAIVER AGREEMENT

I, _____, have voluntarily submitted my child for registration as a member in **Future Foundation's ATM/Connections Program** and all programs associated therein.

I certify that I am fully aware of and understand the inherent dangers in participating in any of Future Foundation's programs. I understand and agree that Future Foundation staff or any other members will not be responsible for my child's safety nor will any of these parties or individuals serve as a guardian of my child's safety.

I understand and agree that neither Future Foundation or ATM/Connections, Reef House Learning Center staff or any other members, or any individual or entity associated with Future Foundation, may be held liable in any way for any occurrence or event in connection with my child's participation in classes which may result in injury, death, or any all damages to me or to my child.

I will hold harmless the above mentioned parties from any claim by me or my child or any entity on behalf of myself or my child, arising out of my child's participation in the program.

I further state that I am of lawful age and legally competent to sign this agreement, and that my signing this agreement is my own free act. I also understand and agree that the terms herein are contractual, and they are not a mere recital or simply for informational purposes. I have read, understood, and fully informed myself of the contents of this agreement. I assume responsibility for my child's physical condition and capability to perform under the program.

Child's Printed Name: _____

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____

Date: _____

Dear Parent(s)/Guardian(s):

We would like to invite you and your child to participate in our program educational study and would like to provide you with more information. You should be aware that you are free to decide not to participate and it will not stop your child from participating in the program.

The purpose of the educational research is to gather health-related data and test the effectiveness of the WAIT Training and Connections Curricula in our efforts to promote the benefits of abstinence until marriage and encouraging healthy relationship skills to teenagers.

Data will be collected using a survey at the beginning of the sessions and they will take the survey again at the end of the program. Your student will be asked to answer some questions about attitudes, knowledge regarding relationships, sexually transmitted diseases and basic questions related to sexual attitudes and behaviors. You are welcome to review the survey. A copy is available by calling 1-800-915-6274. Do not hesitate to ask questions about this important educational research study. Your student's name **will not** be associated with the research findings in any way. All records will be coded in order to keep all information confidential.

There are no known risks associated with this study. The expected benefits associated with your participating are that the schools, teachers, community and students will benefit from learning about healthy relationships and the benefits of abstinence until marriage. We will also learn about the effectiveness of this new curriculum in promoting abstinence and relationship skills to teenagers.

Please sign this consent form and return the bottom half to the session or class with your child. You are signing it with full knowledge of the nature and purpose of the procedures. If you have questions, please do not hesitate to call 1-800-915-6274.

Sincerely,

SPS Evaluation Team

Student's Name _____

Parent Phone Number _____ (primary) _____ (alternate)

Please indicate one choice below:

___ **Yes**, I agree to participate in the evaluation research project. My child can participate in the study and complete the pre and post surveys.

___ **I do not** want to participate in this evaluation research project. My child can not participate in the study.

Parent/Guardian Signature

Student Signature

Date

Please FAX Completed Form to **404-766-0736**

FOR OFFICE USE ONLY.

Evaluation Code

FUTURE FOUNDATION PARENT RELEASE FOR TRANSPORTATION

I hereby give permission for my child to be transported by Future Foundation from school, to home, and on any field trips/outings that I sign him/her up for during the school year and/or summer program.

(Signature of Parent or Guardian)

(Date)

FUTURE FOUNDATION PARENT RELEASE FOR MEDIA RECORDING

I, the undersigned, do hereby grant or deny permission to Future Foundation to use the image of my child, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Future Foundation Web site.

I deny permission to use my child's image at all.

I grant permission to use my child's image in the following ways (mark all that apply):

- Limited usage:** I want my child's image used within Future Foundation setting only (not in the larger community).
- Limited usage:** I want my child's image used for educational materials only (not marketing). This could be either within Future Foundation or in the larger community. One example of this could be videos in parent education classes.
- Limited usage:** I want my child's image used on printed materials only (no digital or video use).
- Unrestricted usage:** I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by Future Foundation for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

(Signature of Parent or Guardian)

(Date)