

RISE: Otsego Substance Free Youth

Vision- To create a substance free community for youth through empowerment.

Mission- Empowering Otsego youth to live substance free lives through education and advocacy.

APPLICATION

NAME: _____ SCHOOL: _____

ADDRESS: _____ GRADE: _____

PHONE: _____ E-MAIL: _____

What makes you interested in RISE? _____

How can you benefit our group? _____

What do you see as some of the specific issues facing teens today related to substance use?

2 School Faculty References (Name and Phone number)

By joining this group I promise to maintain a drug and alcohol free lifestyle.

Signature

Date

Parent Signature

Date

Please return to: RISE: Otsego Substance Free Youth
95 Livingston Blvd
Gaylord, MI 49735

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**RISE: OTSEGO SUBSTANCE FREE YOUTH (RISE) PARENT/GUARDIAN
PERMISSION and LIABILITY RELEASE FORM**

I give permission for my child, _____, to join RISE: Otsego Substance Free Youth and to travel to RISE Youth activities when necessary. This permission is granted for up to four years from the date signed below. I may withdraw my permission by contacting Sierra Hilt in person or writing at the following address: 95 Livingston Blvd, Gaylord, MI 49735.

I understand my child may be traveling in personal cars driven by an advisor or volunteer adults. With my signature at the bottom, I release the RISE: Otsego Substance Free Youth organization, and RISE adult advisors from any liability if my child is injured while on a RISE youth related trip as a result of the ordinary negligence of any employee, volunteer, officer or agent of the parties listed above. I also understand that I will receive a separate request for permission form for each occasion my child will be transported more than 60 miles outside of Otsego County.

By signing this permission form, I also give any of the adult volunteer's, in the absence of a parent or guardian, permission to seek and approve medical treatment for my child while on a RISE related trip.

Signature of Parent or Guardian _____ Date _____

Printed name of Parent or Guardian _____

Insurance Company and Policy Number _____

My Child, _____, has permission to ride with another RISE Youth teen driver to RISE Youth meetings and/or events.

Parent Signature: _____ **Date** _____

Declined: _____

My telephone number is (day) _____
evening) _____

Address: _____

Family email: _____

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Child Image Release Form

New technology provides many more opportunities for students and their work to be showcased. RISE: Otsego Substance Free Youth needs your permission to use any photograph, digital images, slides, video or writings involving your child.

The use of photographs, voice, moving images, or writing images include but are not limited to RISE web site, Facebook, brochures, posters, theater ads or other forms of print electronic media.

Consent

I authorize RISE: Otsego Substance Free Youth and RISE Youth to use photographs, digital images, slides, video, writings, or other similar media, including internet application in which _____ appears.

(Print name of child)

I understand these images may be used for possible publication or shown for informational or education purposes to a variety of audiences. I also understand that this Child Image Release Form will remain in effect until I revoke it in writing in a letter addressed to **RISE: Otsego Substance Free Youth, 95 Livingston Blvd, Gaylord, MI 49735**, or until the materials are no longer needed by RISE: Otsego Substance Free Youth.

Signature of parent or guardian

Date

Printed name of signer

Address of signer

Daytime telephone

**PLEASE COMPLETE, SIGN AND RETURN THIS FORM TO RISE: OTSEGO
SUBSTANCE FREE YOUTH (see address above).**