



**STATEMENT OF INFORMED CONSENT FOR PARENTS/GUARDIANS  
ALL FIELDS MANDATORY: PLEASE PRINT LEGIBLY**

This parent/guardian consent form is required for ALL youth attending CADCA's 2021 National Leadership Forum. Community Anti-Drug Coalitions of America (CADCA) is a nonprofit organization headquartered in Alexandria, Virginia whose mission is to create and maintain safe, healthy and drug free communities globally. Forum is made up of youth and adult training sessions aimed at making coalitions smarter, faster.

If you agree to have your child participate in this training, he/she will be expected to participate in a comprehensive training course with his/her adult advisor who has agreed to assume responsibility for him/her during the virtual event. No anticipated personal risks will occur as a result of participation in this training. All data obtained will be treated with the highest level of confidentiality.

The youth training offered is through CADCA's Youth Leadership Initiative. CADCA's Youth Leadership Initiative enhances the effectiveness of youth and their coalition advisor within community coalitions. It empowers thousands of young people yearly to get involved in the community problem-solving process to the development of safe, healthy and drug free communities.

**PHOTOGRAPH/VIDEO WAIVER**

By submitting this form, you give permission to CADCA to use photographs, videotapes, film and audio in which your youth appear as a participant for educational and publicity/promotional purposes for or related to CADCA's and/or the coalition's work. These can also be used by CADCA in published materials.

**GENERAL RELEASE OF LIABILITY**

The undersigned agrees to release, waive, discharge, and hold harmless CADCA, its directors, officers, employees, agents, and volunteers from any and all claims, suits, losses, or related causes of action for damages during or arising in any way from participation in this training event. You are being asked whether or not you will permit your child to participate in this training. If you wish to give permission to participate, and you agree with the statement below, please check the box below:

I understand the information provided in this form and give permission for my child to participate in the CADCA Youth Leadership training. I am 18 years of age or older. I have read and understand the above statements.

**Youth Attendee's First & Last Name** \_\_\_\_\_  
**Date of Birth** \_\_\_\_\_ **Youth's Age** \_\_\_\_\_

## YOUTH DEMOGRAPHIC INFORMATION (Allows us to better serve our coalitions)

### CHECK ALL THAT APPLY:

- American Indian or Alaska Native
- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- LGBTQ
- Military
- White
- Other
- \_\_\_\_\_

### Course Youth is Attending

#### CHECK ONLY ONE:

- CADCA's Youth Leadership Initiative
- Adult Training Sessions

## SIGNATURES

The "digital signatures" to be provided below are not actual written signatures, however they are held to the same standards and legality as an official signing. Simply type the requested name into the required space.

I understand that, in this document, typing a digital signature below holds the same standards and legality as an official signing.

**Parent/Guardian Signature** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Country** \_\_\_\_\_

**Primary Phone#** \_\_\_\_\_

**Secondary Phone#** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**On-Site Adult Advisor Name** \_\_\_\_\_

**Advisor's Cell#** \_\_\_\_\_ **Advisor's Email** \_\_\_\_\_

**Coalition's Name** \_\_\_\_\_