

**COASTPRIDE SUPPORT GROUP: PARENTAL/GUARDIAN PERMISSION AND RELEASE FORM**

*(print parent's name)*

*(print child's name)*

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_ (my "Child"), hereby give permission for my Child to participate in the CoastPride Support Group (the "Support Group"), provided by CoastPride, a California nonprofit public benefit corporation ("CoastPride"), the San Mateo County Pride Center, and Adolescent Counseling Services, Outlet ("the San Mateo County Pride Center," "Outlet", and together with CoastPride, the "Facilitators"). I understand that the purpose of the Support Group is to support peer socialization, connection and general wellness through facilitated and open discussion at group meetings ("Meetings"), which are to be held at such times and locations as determined by CoastPride in its sole discretion. I also understand that the Support Group does not constitute behavioral health treatment, counseling, or the practice of psychotherapy. Facilitators do not treat or diagnose any mental health disorder and the Support Group does not involve clinical treatment, treatment planning, or psychological evaluations or assessment. I understand that a referral may be offered by the Facilitators if these services are needed or requested by my Child. I understand that Meetings may be held in-person or by any electronic means as determined by CoastPride in its sole discretion. In consideration for my Child's participation in the Teen Group and any Meetings, I, on behalf of myself and my child, hereby acknowledge and agree that:

Confidentiality. Information shared by or collected from my Child at Meetings will be held confidential and will not be disclosed to outside parties without my written consent thereto, subject to the following exceptions: (1) disclosures required by the Facilitators in their capacity as a mandated reporter, including, but not limited to, reporting of any suspected imminent danger to self or others, child abuse, elder abuse, and dependent abuse; (2) disclosures of data, which do not make my Child individually identifiable, by the Facilitators, including, but not limited to, total number of attendees at Meetings, general topics discussed at Meetings, and details regarding any activities conducted at Meetings; and (3) disclosures required by any applicable law.

COVID-19. COVID-19 has been declared a worldwide pandemic by the World Health Organization and is extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from personal contact, through the air, and/or by contact with contaminated objects, including by infected people showing no symptoms. COVID-19 can cause serious and potentially life-threatening illness and even death, and there is currently no known treatment, cure, or vaccine. While the Facilitators intend in good faith to implement policies and guidelines to help protect against transmission, the Facilitators cannot guarantee that my Child, any participant, members of our household and family, or I will not be exposed to, contract, or spread COVID-19 during any Meetings, whether held in-person or by any electronic means. My Child or any participant who participates in or attends any Meetings will necessarily incur a risk of contracting or spreading COVID-19.

Waiver of Risks of COVID-19 and Other Communicable Diseases. I understand that there is inherent risk in having contact with individuals who may have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVID-19 or their medical conditions, diseases, or maladies, and it is impossible to eliminate the risk that my Child, any participant, or I could be exposed to and/or become infected through direct or indirect contact or close proximity with an individual with a communicable disease, and I (on behalf of myself, my Child, my heirs, any personal representatives, and any family members) (1) KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE FACILITATORS OR ANY OF THE OTHER RELEASED PARTIES AS DEFINED BELOW OR ANY OTHER CAUSE, INCLUDING ANY OF THEIR FAILURES TO ADHERE TO OR ENFORCE POLICIES, PROCEDURES OR GUIDELINES, (2) assume full responsibility for my, my Child's, and any family member's participation or attendance at any Meetings, and (3) do hereby waive, release, absolve, indemnify, and agree to hold harmless the Facilitators, participants in any Meetings and persons transporting participants to and from any Meetings, and all of their families, agents, affiliates, directors, officers, employees and other representatives (all of the foregoing, collectively, the "Released Parties"), from any claim arising out of any disease or maladies contracted by any of the foregoing whether the result of

negligence or any other cause, including any of Released Parties' failure to adhere to or enforce policies, procedures or guidelines.

COVID-19 Related Certifications. I certify that my Child and I (1) are not experiencing any symptom of illness, including, but not limited to, cough, shortness of breath, difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or loss of smell or taste, (2) have not traveled internationally within the last 14 days, (3) have not traveled to an area within the United States of America that is severely impacted by COVID-19 within the last 14 days, (4) have not been exposed to someone with a suspected or confirmed case of COVID-19, (5) have not been diagnosed with COVID-19 or if diagnosed with COVID-19 have since been cleared as non-contagious by state or local public health authorities, and (6) have followed and continue to follow all recommended guidelines issued by the Centers for Disease Control and Prevention to limit exposure to COVID-19.

Compliance with Policies. I agree that I, my Child, and all family members will, as applicable, comply with all stated policies and procedures of the Facilitators, whether oral or in written form (the "Meeting Policies"), including, but not limited to, the requirement that each attendee at any in-person Meeting (1) wear a mask during the entirety of the Meeting and (2) maintain physical distance of at least 6-feet from all other attendees of the Meeting. If the Meeting Policies are not followed or observed, the Facilitators reserve the absolute right to excuse any non-compliant attendee at any Meeting.

General Waiver, Release, and Indemnity: I (on behalf of myself, my Child, my heirs, any personal representatives, and any family members) do hereby waive, release, absolve, indemnify, and agree to hold harmless the Facilitators from any and all causes of action, claims, demands, damages, costs, expenses and compensation for any damages or losses, arising out of my Child's participation in the Teen Group and any Meeting, whether due to any act or omission by the Facilitators or otherwise.

Acknowledgement. I HAVE READ THIS PARENTAL PERMISSION AND RELEASE FORM AND ITS RELEASE OF LIABILITY AND ASSUMPTION OF RISK PROVISIONS. BEFORE AGREEING TO IT BELOW, I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I, ON BEHALF OF MYSELF, MY CHILD, AND ALL FAMILY MEMBERS, HAVE GIVEN UP SUBSTANTIAL RIGHTS BY AGREEING TO IT AND I AGREE TO IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Severability. Should any provision of this Parent/Guardian Permission and Release Form be held invalid or unenforceable by a court of competent jurisdiction, and such provision cannot be modified to be enforceable, such provision shall become null and void, leaving the remainder of this Parental Permission and Release Form in full force and effect.

Prior Consents, Waivers, and Releases. I understand and acknowledge that any prior consent, waiver and/or release I or any other family member have agreed to with the Facilitators ("Prior Waivers") remains in full force and effect. I further agree that nothing herein modifies, supersedes, voids or otherwise alters the Prior Waivers. If there is a conflict between this Parental Permission and Release Form and any Prior Waiver, this Parental Permission and Release Form will govern.

Screening. I understand that the Facilitators will use The Columbia Protocol, a brief and evidence-supported suicide risk assessment that will ask my child a series of questions to screen for suicidal thoughts and behaviors. The Columbia Protocol uses plain and direct language to elicit honest and clear responses to support suicide prevention. I understand that if my child is in imminent risk, the Facilitators will call 911, the CARES program, and or the 988 Suicide and Crisis Lifeline.

Crisis Lines. If I or my Child is in crisis, I understand that I can call:

- 911 and then ask for the CARES program

Other non-emergency crisis lines include:

- Trevor Project- call: +1-866-488-7386
- SF The Warmline- call or text: +1-855-845-7415
- Lifeline (free services in Spanish)- call: +18886289454.
- Or send a text message using the word "NAMI" to 741741

Authority. I am at least 18 years old, am the parent, legal guardian, or other legally responsible party for my Child named above, and have full authority to enter into this Parental Permission and Release Form.

**Consent:**

Agreed to and signed by parent or legal guardian named above:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Assent:**

Agreed to and signed by Child:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_