

PARENT PERMISSION AND WAIVER OF LIABILITY FOR STUDENT PARTICIPATION WITH HOSTING OPPORTUNITIES AND MENTORSHIP INVOLVING EDUCATION & STEM (H.O.M.I.E.S) INC.

By signing below, I give permission for my child, _____, to participate in programs or activities hosted by H.O.M.I.E.S Inc. I understand that H.O.M.I.E.S Inc. organizes individualized activities which may include one-on-one activities between my child and their assigned mentor.

(Initials) I acknowledge that I have the authority to request a new mentor for my child and/or refuse any H.O.M.I.E.S Inc. affiliated mentors' communicative access with my child

(Initials) I give my child's assigned mentor permission to be in direct contact with my child only for professional communication such as homework help, career or educational advice, moral support, and/or mentor-mentee bonding events in a public location

(Initials) I grant H.O.M.I.E.S Inc. permission to post any pictures of my child taken at a H.O.M.I.E.S Inc. sponsored event to their website and/or the website of any H.O.M.I.E.S Inc. affiliated partners

(Initials) I acknowledge that federal and state government officials have declared that there currently exists a public health crisis in our country related to the Coronavirus Disease 2019 ("COVID-19").

(Initials) I confirm that I will not permit my child to participate in the program or activity if, at any time during the program or activity, my child is showing any symptoms of COVID-19 (including but not limited to fever, dry cough, fatigue, shortness of breath, chills, muscle pains). Additionally, I confirm that I will not permit my child to participate in the program or activity if, at any time during the program or activity, my child has been in contact with any individual diagnosed with COVID-19 or any individual currently waiting for test results confirming the possibility of a COVID-19 diagnosis.

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a mentee for H.O.M.I.E.S Inc. I understand that my child may be spending time or talking to their mentor(s) outside of school, but I as the parent have the ultimate jurisdiction over what/when mt child is allowed to participate in activities with their mentor. I hereby certify that my child is given permission to participate in H.O.M.I.E.S Inc. designated activities. In addition to giving my full consent for my child's participation, I do hereby waive, release, and hold harmless the organization named below, its officers, sponsors, supervisors, and representatives for any injury that may be suffered by my child in the normal course of participation. I also understand that members of H.O.M.I.E.S Inc. will periodically check in with the parents of said student and will be fully compliant in what actions and/or activities I grant my child to participate in.

Child's Printed Name

Parent/Guardian's Printed Name

Parent/Guardian's Primary Email

Parent/Guardian's Phone Number

Parent/Guardian's Signature