



**BUCYRUS
CITY SCHOOLS**



**CRAWFORD COUNTY MENTORS PROGRAM
SCHOOL-BASED PILOT PROGRAM
PARENT/GUARDIAN ACKNOWLEDGEMENT AND WAIVER**

Student Information

Student Name: _____

Grade: _____

School: _____

Date of Birth: _____

I understand that I have consented to the student named above (the “Student”) my child participating in a mentoring program provided by Crawford County Mentors Program (“CCMP”) during regular school hours at the Board’s facilities.

By signing below, I acknowledge and agree to the following:

- 1. Independent Program.** I understand that the mentoring program is not affiliated with, operated by, or sponsored by the Bucyrus City School District Board of Education (“Board”). CCMP independently operates and administers the mentoring program pursuant to an agreement with the Board permitting CCMP to use designated District facilities for the program.
- 2. Responsibility for Program.** I understand that CCMP is responsible for the operation, administration, and supervision of the mentoring program and its personnel, and that the Board does not operate or administer the mentoring program. The Board and its employees shall have no responsibility or liability for the operation, administration, supervision, or conduct of CCMP and its programming, or for the acts or omissions of CCMP or its employees, volunteers, contractors, or participants.
- 3. Use of Board Facilities.** I understand that CCMP’s use of Board facilities does not make the mentoring program a Board program or activity.



170 Plymouth Street
Bucyrus, Ohio 44820



419.562.4045



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4. **Board Policies.** I understand that, while CCMP and its personnel are present on Board property, CCMP is required to comply with applicable Board policies as provided in the agreement between CCMP and the Board.

5. **Voluntary Participation.** I understand that the Student's participation in the mentoring program is voluntary and that I may withdraw my consent for the Student's participation by providing written notice to CCMP.

6. **Student Educational Records.** I understand that the Student's educational records will not be disclosed or provided to CCMP without my prior written consent, except as otherwise permitted or required by the Federal Educational Rights and Privacy Act ("FERPA") and other federal or state applicable law.

7. **Waiver of Claims.** On behalf of myself and the Student, I hereby release and hold harmless the Board, its officers, members, employees, and agents, in both their official and individual capacities, from any and all claims, demands, or causes of action arising out of or relating to the acts or omissions of CCMP or its employees, volunteers, agents, or authorized representatives in connection with the CCMP mentoring program.

By signing below, I acknowledge that I have read and understand the above information and voluntarily consent to the Student's participation in the CCMP mentoring program during school Hours.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian E-mail: _____



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