



## Parent/Guardian Consent Form

For all Scholars in grades 5-12

\_\_\_\_ I understand that by signing this form I consent to my child's voluntary participation in Marathon Scholars and I agree to support my child in meeting all program expectations. Furthermore, I understand that if my child cannot meet program expectations this may result in his/her inability to continue participation in this program.

\_\_\_\_ I authorize Marathon Scholars to obtain any necessary information for my child's participation in this program from \_\_\_\_\_ (Child's School) staff including academic, attendance and behavioral records and conversations with teachers, counselors and administrative staff.

\_\_\_\_ I understand that basic information about my child will be anonymously shared with a prospective mentor in order to ensure a suitable match. Once I and my child agree to the relationship, I further acknowledge that my and my child's identity and relevant information will be shared with my child's mentor to the extent that it supports a successful mentoring match.

\_\_\_\_ (OPTIONAL) I agree to allow Marathon Scholars to use photographs of my child taken during participation in the mentoring program for use in program marketing materials.

\_\_\_\_ I acknowledge that my child will be transported by his or her mentor and/or Marathon Scholars staff during his/her participation in this mentoring program and I understand that transportation during program activities is voluntary and at his/her own risk.

\_\_\_\_ I release Marathon Scholars from any and all liabilities that may arise as a result of my child's participation in this mentoring program and will hold Marathon Scholars harmless from any and all claims or injuries.

\_\_\_\_ I agree to participate in Marathon Scholars evaluation processes and I consent for my child to participate in program evaluation activities.

\_\_\_\_ I will work with my child's mentor to arrange meeting time and activities and I will provide my child's mentor with a phone number where I can be reached as well as two emergency contact numbers in the instance that I am not available.

\_\_\_\_ I have received and read the confidentiality policy.

\_\_\_\_ If I encounter a problem during the course of my experience with Marathon Scholars, I understand that I am first encouraged to discuss it informally with Marathon's Program Coordinator. If I cannot reach agreement with this person, I should present my problem in writing to their immediate supervisor who will then attempt to resolve the issue.

\_\_\_\_ I understand that as long as my child remains eligible for the scholarship as outlined in the Scholar Code of Conduct, Marathon will make every effort to award my child a \$12,000 college scholarship. I am also aware that Marathon may need to make changes to the amount the award.

\_\_\_\_ I understand that I have the right to withdraw this consent at any time and to do so I must request withdrawal in written form.

\_\_\_\_ I acknowledge that I have been given a copy of the Marathon Scholars Parent Handbook and I can refer to this document for more information on program policies.

As the parent or legal guardian of \_\_\_\_\_ (name of youth), I have read the above information and approve their participation in this program.

**Print Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Marathon asks that all participants provide their most recent report cards at the end of each year. If you would like to provide access now for Marathon staff to access your ParentVue/StudentVue account, please provide your ParentVue/StudentVue username and password so we can retrieve academic records automatically.*

**Username:** \_\_\_\_\_

**Password:** \_\_\_\_\_