

The Mark Wahlberg Youth Foundation presents:

PARTICIPANT PERMISSION FORM

The Massachusetts

**YOUTH SUMMIT on
Opioid Awareness**

**TUESDAY
DEC 6**

Tsongas Arena at UMass Lowell

9:30 AM to 12:00 PM *Doors open: 8:30 AM*

Dear Parent/Guardian: The Massachusetts Youth Summit on Opioid Awareness, presented by the Mark Wahlberg Youth Foundation and sponsored by the Walmart Foundation, will educate students, teachers, and parents about the growing opioid epidemic and encourage healthy decision-making. If you need additional information about this event, please contact your student's faculty coordinator and visit our website, www.drugfreeisuptome.org. In order to attend the event, this form **MUST** be completed and returned to the faculty coordinator. **THANK YOU!**

Faculty Coordinator: _____

School/Organization Name: _____

School/Organization Address: _____

City: _____ State: _____ Zip: _____

Participant's Name: _____

Home Phone: _____

(Please Check One) I am a... Staff Member Parent/Chaperone Student in Grade: _____

Do you need wheelchair access, sign language interpretation, or other services? Yes No

If yes, please explain: _____

Participant Sign Off *Must be completed by all participants (students and adults) attending the event.*

I agree to participate in the Massachusetts Youth Summit on Opioid Awareness on December 6, 2016 at Tsongas Arena at UMass Lowell and will attend all proceedings that are part of this event. I acknowledge that it is my responsibility to inform my teachers/supervisor of my absence from class due to this event. By signing this, I am granting my permission to be photographed on film or videotape.

Participant Signature

Date

Parent/Guardian Sign Off *To be completed if participant is under the age of 18.*

I grant permission for the individual named above to attend the Massachusetts Youth Summit on Opioid Awareness on December 6, 2016 at Tsongas Arena at UMass Lowell. By signing this document, I am granting permission for the individual named above to be photographed on film or videotape for use in any Mark Wahlberg Youth Foundation promotional, fundraising, or educational materials. I am also granting my permission for the individual to travel to the event with a school/organization chaperone.

Parent/Guardian Signature

Date

Note to Faculty Coordinator: Please copy this form and distribute to all participants. Mail or email completed forms by November 21, 2016:

Mail to: The Massachusetts Youth Summit on Opioid Awareness
c/o The Rendon Group
240 Commercial Street, Suite 2B
Boston, MA 02109

Email to: kjohnston@therendongroup.com



Mark Wahlberg
Youth Foundation

