

CAPS MEDIA RELEASE

Due to the nature of the CAPS program, we have frequent local, regional and national media requests. These requests are coordinated through the District Communications Department and portray our students and the CAPS program in a positive light. In order to facilitate the communications efforts, we ask that you sign a separate release for media related to CAPS. This release does not alter any release that you may have signed with the District at large.

As parent/guardian of _____
STUDENT (Print Full Name)

who attends the Blue Valley Center For Advanced Professional Studies (CAPS), I/we give permission for our student to be included in photographs, videotaped or recorded interviews and for the information collected by the media to be used as part of news stories to be published in print, internet, broadcast or video by school, news media or the CAPS program.

I/we also waive any claims I/we may have and release the school district and its employees from any liability or claims arising out of such activities.

Parent/Guardian Signature

Student Signature

Date

CAPS SURVEY RELEASE

Due to the nature of the CAPS program, we occasionally need to survey students. Two examples are the Indigo Survey, which assesses 23 non-academic competencies relevant to student success, and a post-program survey to assess program outcomes. When appropriate, results are shared with students.

Taking part in the surveys will cause no risk to your student. The surveys have been designed to protect your student's privacy. In addition, no school or student will ever be mentioned by name in a report of the results. We typically invite all selected students to take part in the survey, but the surveys are voluntary. No action will be taken against the school, you, or your student, if your student does not take part. Students can skip any question that they do not wish to answer. In addition, students may stop participating in the survey at any point without penalty.

Please sign the section below to allow your student to participate in selected surveys.

Student's name: _____

Parent/Guardian Signature

Student Signature

Date

**HIGH SCHOOL
STUDENT TRANSPORTATION CONSENT AND RELEASE**

There are times during the school year when activity events and practices will be held away from the school. The School District provides transportation, but there are times when students can benefit from other transportation options. Please review the transportation options listed below, check any that are acceptable for your student, sign the form, and have your student return the form to the coach/sponsor.

I/We hereby give my/our student, _____
STUDENT (Print Full Name)

a member of the _____ CAPS PROGRAM _____, permission to:

(Please check all appropriate spaces.)

- ride to and from activity events and practices on school authorized vehicles,
- ride with his/her parent,
- ride with an adult licensed driver,
- ride with a sibling who is at least 16 years of age and a licensed driver,
- ride with another participant who is a licensed driver and at least 16 years of age, or
- my student is at least 16 years of age, is a licensed driver, and can drive himself/herself .

I/We understand that School District employees cannot supervise activity participants except when they travel to and from events and practices on school authorized vehicles. For valuable consideration, the receipt of which is hereby acknowledged, I/we knowingly and voluntarily release and forever discharge Unified School District No. 229 and the members of its Board of Education, its employees and agents from any and all liability, actions, lawsuits, claims, demands and expenses resulting, directly or indirectly, from loss of life, personal injuries, property damage, or other damage suffered by my/our student while traveling to or from activity events or practices by transportation other than a school authorized vehicle.

Parent/Guardian Signature

Student Signature Date

Parents have responsibility to ensure that their student uses the mode of transportation authorized by the parent. This Consent may be revoked or modified in writing at any time.