



STUDENT ENROLLMENT CONTRACT & MEDIA RELEASE FORM

I, _____, do agree to participate in the ReCapturing the Vision Program. In doing so, I am agreeing to try and become a more finished young lady/gentleman which is what I want to be.

Student's Name: _____

Address: _____

Telephone Number: _____

Email: _____

Grade _____

Age _____ Student's Signature _____

Race _____

Male/Female _____ Date _____

I, _____, support my daughter's/son's participation in the ReCapturing the Vision Program. As a parent, I will do my best to help her uphold her/his commitment to become a more finished and disciplined young lady/gentleman. This letter gives my daughter/son who is a participant of the ReCapturing the Vision Program, my permission to appear in any media endorsements relating to the promotion of this program. I understand that my child's pre-and post-survey results may be used in an ongoing research study to monitor the program's effectiveness and that (s)he will not be identified by name. I waive any liability to the school system, ReCapturing the Vision staff, or Dr. Jacqueline Del Rosario from possible suit due to promotional material

Parent/Guardian's Signature

Date

ReCapturing the Vision maintains that all articles, media appearances, and research studies will be in good taste.