Chicago Public Schools | Family and Community Engagement in Education
Faith Based Initiatives

**CONSENT AND RELEASE OF LIABILITY FORM**
**FOR SAFE HAVEN – AFTER SCHOOL PROGRAM 2026-2027**

**DESCRIPTION: SAFE HAVEN SITES AND SERVICES – AFTER SCHOOL PROGRAM 2026-2027**

**TIME PERIOD: SEPT - JUNE 2026 - 2027 (MONDAY – FRIDAY)**

**FROM: 3:00 PM TO: 6:00 PM**

The undersigned, as the parent or legal guardian of _____,
***[Print name of participating student.]***

who is a CPS student participating in the Safe Haven Sites and Services – **After School Program 26/27** operated by (**church name**) _____ and its subcontractor fully understand and agree with the purposes and activities of the above-described project being offered by this Contractor and its Subcontractor during the period specified above (the "**Program**"). I hereby give permission for my child named above to participate in the Program. I understand and acknowledge that the Board of Education of the City of Chicago (the "**Board**") is not operating or supervising the Program and does not accept liability for any risks associated with or injuries that may occur as a result of my child's participation in the Program. I fully understand and accept any and all risks associated with the Program and agree to hold the Board, its members, trustees, agents, officers, contractors, volunteers, and employees harmless from any and all claims, losses, injuries (including death), costs and expenses arising (solely or in part) out of my child's participation in the Program including, but not limited to, those that may arise out of the transportation related to the Program. Also due to Spring Break program hours field trips are not allowed.

I acknowledge that I have read and understood all provisions of this Consent and Release of Liability Form and agree to be bound by its terms. I further understand that I may revoke this Consent and Release of Liability in writing only and that any such revocation must occur prior to the start date of the Program.

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PLEASE PRINT AND SIGN CLEARLY

**Student's Name:** _____

**Student's Grade:** _____

**Student's School:** _____

**Student's Address:** _____

**Does student have any allergies? _____ If so, what are they? _____*

**Do you consent for your child to participate in any photography or videography while in the program? (Y or N) _____*

**Parent/Guardian's Signature:** _____ **Date:** _____

**Print Parent/Guardian's Name:** _____ **Phone #:** _____

**Emergency Contact Name:** _____ **Emergency #:**_____

**Parent Email Address:** _____