City of Montclair Youth Center
Human Services Department
5111 Benito Street, Montclair CA 91763

Balancing Academic Success & Mental Health

Workshop Permission Slip

Dear Parent/Guardian,

Montclair Youth in grades 7th- 12th are invited to attend a workshop on **Balancing Academic Success & Mental Health** will b**e** conducted by the Ontario-Montclair School District Health & Wellness Service Department. The presentation will be held at the Montclair Youth Center on **Tuesday, September 8, 2026, at 4:30 p.m.** The workshop is approximately 30-45 minutes and participants will need to:

1. **Sign in (first name, initials or first and last)**
2. **Complete a demographic survey**
3. **Complete a post-presentation questionnaire (2-4 questions)**

If you have any questions, contact Emily Gomez-Medina, Recreation Coordinator, at (909) 625-9482 or egmedina@montclairca.gov

Name of Minor_____

WAIVER OF LIABILITY AND DISCLAIMER: I, the parent or guardian of the said minor, acknowledge that participation in recreation activities necessarily involves risk of physical injury. I also acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that participation in the program may cause said minor to be exposed or infected by COVID-19 and that such exposure or infection may result in personal injury, illness, permanent disability, and death. In consideration for accepting the registration of the above named minor and permitting the voluntary participation of said minor in its programs, I hereby release, discharge, and hold harmless the City of Montclair, its officers, agents, employees, volunteers and other representatives from all liability, claims, causes of action or demands that I, my family, guardians, assignees, or legal representatives, have now or may hereafter have, arising out of the minor's participation in City of Montclair-sponsored activities, including any physical injury caused by the negligence or omission of any officers, agents, employees, volunteers or other representatives of the City of Montclair.

ACKNOWLEDGMENT AND CONSENT: For both the internal and external use, I, the undersigned, hereby authorize and give the City of Montclair, its legal representatives and assignees, the right to compile address and mailing labels and permission to, adapt, modify, reproduce, distribute, publicly perform and display, in any form now known or later developed, my child's image or visual likeness, name and/or voice, as well as writing, creations and artwork created by my child, by incorporating it or them into publications, catalogues, brochures, newsletters, photo exhibits, videos taken during activities or at special events sponsored by the City of Montclair where me or my children may appear, webpages, and/or other media or commercial, informational, educational, training, advertising, recruiting or promotional materials relating thereto using any means, method or media which the City of Montclair deems appropriate in its sole discretion. I consent to such uses and hereby waive all rights to compensation.

I hereby warrant that I, the undersigned parent or guardian, am over eighteen (18) years of age and am competent to contract in my own name so far as the above material is concerned.

Address_____City_____ZIP_____

Cell Phone_____

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____