One° Degree 

Education

Just one degree of change creates a new outcome

**Observer Release Form**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:(day)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(evening)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Observation Opportunities***

*Full day*

 **Friday (6p – 10p)**

 **Saturday (10a – 9p)**

 **Sunday (11a – 5p)**

*Short Sessions*

**Friday**

 **7:30p – 10p**

**Saturday**

 **10:00a – 11:30a 11:30a – 12:30p**

 **12:30p – 2:30p 2:30p – 5:30p 6:00p – 9:00p**

**Sunday**

 **11:00a – 12:30p 12:30p – 3:00p 3:00p – 5:00p**

***Confidentiality Agreement***

The Youth Empowerment-Leadership Program is a private and personal experience for each participant (mentors and youths). I understand this and, as such, I agree to respect the confidentiality of all participants. I agree to keep all information private and confidential, including but not limited to actions, remarks, written statements, histories of participants and their relatives or guardians.

Signed: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Information / Photo Release***

To help others better understand YELP and its purpose, to increase its visibility and to increase funds, I hereby allow YELP to use my full name, photograph, speech and information related to me for any visual, auditory or written purpose. I understand YELP will only use material that is of high quality standards. I release YELP from any claims, demands, actions and/or causes of actions that may arise as a result of my participation ins such activities.

Signed: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ph: (406)582-7994 www.onedegreeeducation.com Email: onedegreed@gmail.com