



*“The Foundation For Building Your Dreams”*

**Dream Builders Communication, Inc.  
21<sup>st</sup> Century Community Learning Center T.A.G. Program  
Student Release Form**

T.A.G. Program Release Form For: \_\_\_\_\_  
Student’s Name

Please initial each item where indicated

All T.A.G. partners and their employees will exercise reasonable judgment and care in planning and operating the T.A.G. Program trips and/or activities. I understand and agree that no T.A.G. Program partners or any of their employees will be liable for injuries resulting from accidents or unanticipated occurrences. I hold harmless and indemnify all T.A.G. Program partners, agents, employees, volunteers, and contractors from any and all claims, demands, and causes of actions that arise resulting from my child’s participation in the T.A.G. Program.

Yes\_\_\_ No\_\_\_

In case of illness or accident, I request that program staff contact me. If I cannot be reached or my emergency contact cannot be reached at the numbers I have provided, I authorize and direct the T.A.G. Program personnel to seek emergency medical care or take action they believe is necessary under the circumstances to protect the best interests of my child. If my child is taken for emergency treatment, I hereby authorize the attending physician to administer the emergency treatment he/she believes is appropriate, and agree to pay any resulting expense.

Yes\_\_\_ No\_\_\_

I understand that the T.A.G. Program is a grant-funded program that must be evaluated in order to receive funds. I give my permission to my child’s school to share my child’s

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records, including IEP’s, with evaluation staff, with the understanding that all such data will be handled with the utmost confidentiality.

Yes \_\_\_\_\_ No \_\_\_\_\_

I understand some T.A.G. Program activities are away from the program site. I give my permission for my child to leave the assigned T.A.G. Program site and be transported as necessary by the T.A.G. Program.

Yes \_\_\_\_\_ No \_\_\_\_\_

The T.A.G. activities will include access to and use of the Internet for educational purposes. I give permission for my child to use access to the Internet for educational purposes.

Yes \_\_\_\_\_ No \_\_\_\_\_

I understand and accept that volunteers, including other parents, college students, high school students and members of the community will assist in the operation of the T.A.G. Program.

Yes \_\_\_\_\_ No \_\_\_\_\_

I have read the above form and my signature below demonstrates that I have provided my consent for my child to participate in the T.A.G. Program trips and/or program activities under the terms described above.

\_\_\_\_\_  
Parent/Guardian Printed Name (s)

\_\_\_\_\_  
Date

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