



RISE
GRAND PRAIRIE ISD

RISE CONSENT FORM

Student Name: _____

Student ID: _____

Campus: _____

Dear Parent or Guardian,

Your student currently has an Individualized Education Plan (IEP) and is supported by a specialized program. According to IDEA 2004, beginning at the age of 14, school districts are required to address transition services to promote postsecondary opportunities to ensure success beyond high school. In GPISD, we have chosen to begin providing those services in 6th grade to improve postsecondary outcomes for students with disabilities. Your child will have the opportunity to participate in transition and postsecondary activities at GPISD's RISE facility.

- Yes, I **DO** give permission for my child to participate in the postsecondary programming at RISE accessing the facility through any mode of GPISD transportation.
- No, I **DO NOT** give permission for my child to participate in the postsecondary programming at RISE. My child will remain on campus where the IEP services will be provided.



Media Release

I hereby authorize Grand Prairie ISD, school representatives, Changing Course Foundation, and McRanch Stable to photograph, record, and/or interview my student. I understand that permission can be revoked at any time in writing. The photos and videos may be used for: (a) school purposes such as newsletters, student awards, and curriculum, (b) district or community print publications, television programming, and/or websites, (c) celebrating the accomplishments of the student and sharing resources through social media.

I understand that my student's name may be used to give him or her recognition when appropriate in materials produced. I understand that this may identify my student as a student with a disability. I understand that this release will be used for the 2021/2022 school year.

- Yes, I **DO** give permission for my child to be photographed, recorded, and interviewed.
- No, I **DO NOT** give permission for my child to be photographed, recorded, and interviewed.

Date Signed

Parent/Guardian/Adult Student Signature



EQUINE-ASSISTED LEARNING

Student Name: _____

Campus: _____

At RISE your student will have the opportunity to participate in equine-assisted learning. The Equine-Assisted Learning Program incorporates students working alongside horses to complete learning tasks in a safe environment.

Activities DO NOT include riding the horses. During all activities, students are on the ground. Activities include lessons revolving around areas such as problem-solving, leadership, self-regulation, social, emotional & behavioral learning skills, and identifying & overcoming obstacles.



McRanch Stables LLC Permission Form

I understand that all reasonable precautions will be taken to ensure the safety of each student.

I also understand that there are inherent risks from participation in equine activities.

I agree to hold harmless any and all persons involved with the Equine Assisted Learning Program including McRanch Stable LLC and horse provider Janice McDaniel, instructor, for any accident, injury, or illness that might occur.

I have read and understood the listed **Texas Law:**

Under Texas Law (Chapter 87, Civil Practice and Remedies Code) An equine professional is not liable for injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities.

I am the parent or guardian of the student listed above and hereby agree to allow him or her to participate in Equine-Assisted Learning.

Yes, I **DO** give permission for my child to participate.

No, I **DO NOT** give permission for my child to participate.

Date Signed

Parent/Guardian/Adult Student Signature



EXPERIENTIAL LEARNING

Student Name: _____

Campus: _____

At RISE your student will have the opportunity to participate in experiential learning programming through a challenge course for students. It is an adapted low ropes course used to meet the needs of all of our students through adaptive harnesses and equipment.

Release, Waiver, and Informed Consent Agreement

In consideration of Changing Course Foundation (CCF), permitting my student to participate in CCF-facilitated Experiential Learning activities of CCF, I voluntarily and knowingly execute this Release and Waiver Agreement with the express intention of extinguishing all obligations of CCF, and its directors, officers, employees, agents, successors and assigns.

Risk Assumption. I understand that Experiential Learning can be dangerous and that the activities may involve the risk of physical injury. Understanding that any physical activity involves a risk of injury, I understand that my child's participation in the CCF program is entirely voluntary. I voluntarily accept and assume all risk of personal injuries including without limitation, death and/or damage to property caused by or arising out of my child's participation in the activities.

Release and Waiver. I expressly release, waive, discharge, and covenant not to sue CCF from all claims, demands, actions, judgments, and executions of whatsoever kind or nature, either in law or in equity, including without limitation, wrongful death, and survival causes of action, which my child ever had, now have, or may have in the future, or which my child's personal representatives, heirs, next-of-kin, executors, administrators, or assigns may have, or claim to have, against CCF for all injury or harm caused by, or arising out of my child's access to or viewing of or participating in the activities.

I expressly agree that the risk assumptions, releases, waivers, and indemnities contained in this agreement are intended to be as broad and inclusive as permitted by the laws of the State of Texas and that they apply to any and all claims. WHETHER OR NOT RESULTING FROM THE NEGLIGENCE OF ONE OR MORE RELEASEE. If any portion of the agreement is held invalid, it is agreed that the balance shall continue in full legal force and effect.

I have carefully read this agreement in its entirety, and understand and know the contents of this agreement, and sign this agreement as my own free act.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS RELEASE, WAIVER, AND INFORMED CONSENT BY READING IT BEFORE SIGNING IT.

Yes, I **DO** give permission for my child to participate.

No, I **DO NOT** give permission for my child to participate.

Date Signed

Parent/Guardian/Adult Student Signature