



TOWN OF MEDFIELD
MEDFIELD OUTREACH

PARTICIPATION PERMISSION FORM

I, _____, grant permission for _____ (the participant), born
(print parent/guardian name) (print participant's name)

on _____, to participate in a nicotine cessation program developed by the American Lung
(participant/child's DOB)

Association, called No On Tobacco® (N-O-T), with trained members of the Medfield Outreach staff.

Date of anticipated N-O-T participation: September 2023 - June 2024

Signature of Parent/Guardian

Date

ADDITIONAL CONSIDERATIONS

- Medfield Outreach staff have been trained and certified in N-O-T programming which is offered in ten, 50-minute sessions. This group program emphasizes teamwork among participants aged 14-19 years old. It is designed to help teens quit nicotine use by addressing total health to develop and maintain positive behaviors. Participants will learn about the importance of physical activity, nutrition, enhancing their sense of self-control, and improving life skills such as stress management, decision making, coping and interpersonal skills. Additionally, they will learn to identify their reasons for smoking or vaping, healthy alternatives to tobacco use and finding people who will support them in their efforts to quit.
- Participants may choose to disclose further information to trained Medfield Outreach staff and other N-O-T participants about their nicotine use (for example, how often they engage in such behaviors). I understand that this information will not be disclosed to me without explicit permission from the participant.
- Furthermore, I understand that I will not be notified of the participant's engagement in N-O-T beyond whether or not the participant attended the session and/or left before the session ended. I understand that trained Medfield Outreach staff will not discuss the specific content of N-O-T sessions or what was said, beyond details related directly to the N-O-T curriculum and lessons developed by the American Lung Association.
- Under no circumstances, will the trained Medfield Outreach staff disclose the names or any other identifying information of other N-O-T participants.

Participant Name: _____

Participant DOB: _____

- Participant involvement in this program is completely voluntary and a participant may choose to stop attending sessions at any time. If a participant misses more than one program session they must wait until the program is offered again in order to re-enroll.
- I will be notified by email and by phone if the participant misses a session or un-enrolls in the program.
- All Medfield Outreach staff are mandated reporters for the state of Massachusetts and will communicate directly with you in a timely manner should there be concern of the participant harming themselves or someone else. Participant parents/guardians are encouraged to reach out to the Medfield Outreach office at any time to speak with the facilitators of the N-O-T Program. They can be reached by calling (508) 359-7121 or emailing medfieldoutreach@medfield.net.
- Finally, while I understand that N-O-T was developed by the American Lung Association to encourage teens to cease use of all nicotine products and that trained Medfield Outreach staff will make every effort to support participants in meeting this outcome, no cessation program has been proven to be 100% effective. Participants are encouraged to use supports outside of N-O-T and re-enroll, if interested. I understand that N-O-T programming is not intended to be a substitute for professional medical advice, diagnosis or treatment.

The undersigned hereby acknowledges and agrees that he or she has read and understands the Additional Considerations above .

Signature of Parent/Guardian_____
Date_____
Name of Parent/Guardian (please print)

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CLAIM WAIVER, LIABILITY RELEASE, AND INDEMNIFICATION AGREEMENT

The undersigned acknowledges the participation of the above named participant(s) in the above named Medfield Outreach services, program(s) and/or activities is voluntary and within Medfield Outreach's sound discretion. In consideration of being permitted to utilize the services, programs and/or activities of the Town of Medfield/Medfield Outreach, the undersigned on behalf of the above named

Participant Name: _____

Participant DOB: _____

participant(s), the undersigned, his/her heirs, personal representatives and assigns, hereby waives in advance any and all rights to sue and agree to release, indemnify, defend and hold harmless Medfield Outreach and the Town of Medfield, including any and all committee members, board members, officers, agents, employees and/or volunteers, from and against all claims, suits, demands, actions, causes of action, losses, damage or liabilities of any kind, nature or description, including but not limited to claims of negligence, property damage, accident, injury, illness and/or death and including indemnification and payment of any and all litigation costs and attorney's fees, arising out of or in any way related to the above named participant(s) utilizing said Medfield Outreach services, programs and/or activities.

The undersigned hereby acknowledges and agrees that he or she has read and understands this agreement and that he or she is legally bound by this agreement.

NOTE: This is a legal document in which you agree to give up the right to sue the Town of Medfield in the event that the above named participant(s) is injured, becomes ill, or dies as a result of participating in the above-described services, program(s) and/or activities; if you do not understand the language or have any questions, consult an attorney before signing.

Signature of Parent/Guardian_____
Date_____
Parent/Guardian Name (print and identify legal authority)

Parent/Guardian Address: _____

Parent/Guardian Phone: _____ Parent/Guardian Email: _____