



Virtual Peer Tutoring



Parent/Guardian Program Permission Form

I/We the Parent/Guardian of _____, hereby grant permission for our son/daughter to participate in Virtual Peer Tutoring through Guilford Youth and Family Services. I release the Town of Guilford and those involved with Virtual Peer Tutoring from any nature of liability in respect to any claims of damages or inappropriate/offensive behavior resulting from my child's participation in this program. Virtual Peer Tutoring takes no responsibility in extensive screening of tutors and students, and therefore cannot be held responsible for their actions. The program is simply in place to connect students with tutors, and it is the parents' responsibility to determine if a tutor is appropriate for their child, as well as to oversee their child's interaction with tutors.

I certify that I am the parent or legal guardian of the above-named youth and that I have read and understood the foregoing and that I, in consideration of the Town of Guilford's allowing my child to participate in the activity described above, agree to release and waive any claim or legal cause of action that I might have against the Town of Guilford arising out of any act or omission of the Town of Guilford, its officers, officials, employees, volunteers, and agents. I further grant my full consent and authorization for my child to engage in this activity.

Signature of Parent/Guardian

Date

Parent/Guardian Printed Name: _____

Parent/Guardian Phone Number: _____