



RULING OUR EXPERIENCES, INC

1335 Dublin Road, Suite 18A

Columbus, Ohio 43215

T.614-488-8080

www.rulingourexperiences.org

As the parent/guardian of _____, I give permission for my student to participate in the Ruling Our eXperiences (ROX) Program at her school during the academic year.

The ROX program is an opportunity for girls to come together with a trained and licensed facilitator at her school to explore some of the big issues impacting girls today like confidence, developing healthy friendships and relationships, body image and media pressure, navigating social media and cyberbullying, dealing with stress and pressure, safety and violence prevention, and career development and leadership. The ROX program operates at our school with support from ROX, Inc. ROX is a 501(c)(3) non-profit organization whose mission is to equip girls with the knowledge and skills needed to live healthy, independent, productive and violence-free lives.

Girls who participate in ROX meet weekly in small groups for discussions, lessons and activities and will receive fun ROX materials including t-shirts, binders, and water bottles. Girls have the opportunity to learn new skills, gain support and have fun in a safe, all-girl space.

As an evidence-based program, we may ask ROX program participants to complete confidential and anonymous surveys that help us measure the program outcomes. Participation in the surveys is voluntary and girls will not be excluded from ROX if they choose not to participate. Girls may be asked to share how they feel about their experiences as girls and their perceptions around topics such as confidence, careers, friendships, safety, and leadership. This information helps us assess the impact of the program and ensure that we are providing relevant and responsive programming to girls. ROX participants may also have photos or video taken throughout the program that may be used in online and print media, promotional materials, and reports.

After having read the information, I acknowledge that it is my responsibility as the parent/guardian of this student to evaluate carefully the risks inherent in participation. While there are no adverse consequences anticipated based on participation in ROX, I acknowledge that I have fully considered those risks, including but not limited to dangers posed by willful or negligent conduct by the student and/or others. I understand and agree that during the course of the ROX program supervision of the students will be provided and I give my permission for use of photos or videotaken throughout the program that may be used in online and print media, promotional materials, and reports. I hereby release, discharge and otherwise agree to indemnify Ruling Our eXperiences, Inc. and its board members, employees, agents, facilitators, and volunteers from any and all claims of injury and/or property damage arising out of or related to the student's participation.

Full Name of Student

Student Date of Birth

School Name & Grade

Race/Ethnicity

- ___ American Indian or Alaskan Native
- ___ Asian
- ___ Black or African American
- ___ Biracial

- ___ Hispanic or Latino
- ___ Native Hawaiian or Pacific Islander
- ___ White or Caucasian
- ___ Other (please specify) _____

Student T-Shirt Size: S M L XL 2X **(all t-shirts are adult sizes)**

Name of Parent/Guardian

Signature of Parent/Guardian

Today's Date

Parent/Guardian Email

Parent/Guardian Phone

Parent/Guardian Mailing Address

Please check the below box:

- By checking this box I acknowledge that I am the Parent/Guardian of the above named student and that I provide my consent in accordance with this permission form. I further acknowledge that this permission form may be electronically signed and that the signatures transmitted electronically shall be acceptable to provide my consent.

In an effort to learn more about the long-term impact of the program, ROX, Inc. is seeking to collect contact information of ROX Girls. Information will be kept confidential and will only be used by the ROX staff to communicate with program alumni and gather feedback on their experiences in ROX. We appreciate your help in making ROX better for the future!

(optional) Student Cell Phone Number

(optional) Student Email Address