



Cardinal Rules

To protect participants, staff, and the integrity of the OMAC program, each participant must agree to the following cardinal rules.

- OMAC is a 12-week commitment
- All participants are asked to be on time
- No acts of violence of any kind
- No alcohol or drugs on or off the premises
- You shall not be in possession or under the influence of alcohol or drugs
- Any illegal activity will be grounds for dismissal from the program
- No violation of personal space will be tolerated at any time
- Appropriate attire is to be worn at all times (no drug or alcohol logos or symbols, no nudity or pornographic images)
- Attendance will be documented for every group session

Violating the cardinal rules may potentially lead to termination from the OMAC program.

Printed Name _____

Signature _____ Date _____

OMAC Staff _____ Date _____





Operation Making A Change (OMAC) PARENTAL CONSENT FORM

O.M.A.C. is an outreach program that creates self-awareness in the lives of teens and young adults through coaching and mentoring. O.M.A.C offers a different approach to changing negative behaviors through respect, discipline, accountability and repetition.

The purpose of O.M.A.C. is centered on change. When knowledge is present, change occurs. To know better is to do better which allows O.M.A.C. to create a level of hope and awareness that anything is possible if you believe it is possible. O.M.A.C. will provide a pathway to success through leadership by example, guidance and motivation.

The program will meet twice weekly for 12 weeks at Charles Young Center, located at 540 East Third Street. Topics covered include: Building Trust, Acting Responsibility, Understanding Change, Making Wise Choices and others.

I, _____, am the parent/legal guardian of _____ and

I hereby give permission for him/her to participate in the Operation Making A Change (O.M.A.C.) program.

Participant's Name _____ Age _____

Address _____

Parent/Guardian Home Number _____ Cell Number _____

Parent/Guardian Signature _____ Date _____





Operation Making A Change (OMAC) EMERGENCY CONTACT INFORMATION and RELEASE OF LIABILITY

Participant's Name: _____ Age: _____

Address: _____

Parent/Guardian: _____ Phone Number: _____

Parent/Guardian Signature _____ Date _____

In the event we are unable to reach in you, in case of emergency, who should we contact?

Name: _____ Phone Number: _____

Address: _____

Relationship to Participant: _____

Release of Liability

I, the undersigned parent or guardian, do hereby allow _____ to participate in the Operation Making A Change program. I further agree to release the Lexington-Fayette Urban County Government, its officers, employees, volunteers and participating agencies and organizations from any and against all liability arising out of participation in the program and program affiliates.

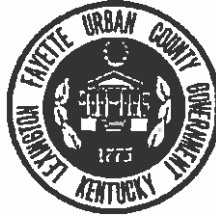
(Parent/Guardian Printed Name)

(Parent/Guardian Signature)

(Date)



Lexington
Fayette
Urban
County
Government



PUBLICITY RELEASE

- I grant permission to allow the picture or likeness of me to appear, without compensation to me, in any photograph, video, film, advertisement, television coverage, social media, internet, or any other form of public information in relation to the work of OMAC.

Yes _____ No _____

- I grant permission for my name or other identifiable information to be released along with the photograph.

Yes _____ No _____

Release remains in effect for one year from the date of signature and may be revoked at any time by written or verbal request. The provision of services by LFUCG will not be affected if I do not want my picture or likeness to be used.

Client Name (Printed): _____

Parent/Guardian Name (if client is under 18): _____

Signature: _____ Date: _____

Transportation Waiver
Lexington-Fayette Urban County Government
Department of Social Services

I, _____, hereby grant permission to Lexington-Fayette Urban County Government (LFUCG) to transport myself and/or my child in LFUCG-owned or contracted vehicles.

I hereby release, absolve, indemnify and hold harmless the Lexington-Fayette Urban County Government, its representatives, supervision and employees in the event of injury to myself or my child, and hereby waive all claims against them. I further understand that the Lexington-Fayette Urban County Government will NOT provide any form of medical insurance and that the Lexington-Fayette Urban County Government will not be responsible for any expenses incurred due to injury, illness or accident.

Name(s) of Child(ren) if applicable: _____

Adult/Guardian Signature _____

Date _____