



Dear Parent/Guardian,

We are excited to have your child participate in the Peer 2 Peer (P2P) Education Regional Training taking place **Friday October 24th at the Northwest Educational Service District offices (ESD 189) in Anacortes, WA.**

The training is a day for youth to build their confidence as a group to become Peer Educators. This will be a full day of skill building, practicing those skills, and creating an action plan as a group.

During the training, youth will interact with other youth leaders from the northwest region, connect to each other during team building activities, and build skills and confidence through facilitated workshops. This training is being provided **FREE** to your child, including lunch. Although this event is provided at no cost, we are asking youth for a strong commitment to attend as the value of the summit is estimated at \$250/participant and registration is limited.

Please complete the following forms and submit them to your youth's adult advisor.

Questions regarding transportation should be directed to your student's advisor.

Thank you,

Olivia Guelich
Training Coordinator
Olivia.Guelich@unitedgeneral.org
360-854-7173



Whatcom County
HEALTH
Department



Building Healthier
Communities



Youth Code of Conduct

Peer 2 Peer Education Regional Training 2025

The goal of the P2P Education Regional Training is to provide a safe, fun, and positive environment where you can meet new people and grow your skills as a Peer Educator! It is important that you understand and follow the guidelines and code of conduct below:

GUIDELINES

Youth are required to stay at the event facility at all times. Youth and Adult Advisors are expected to participate in all training activities and meals.

YOUTH CODE OF CONDUCT

- I will obey all ESD 189 rules, as well as all rules established by the P2P Education Regional Training Staff and my Adult Advisor/Chaperone(s).
- I will treat all others with respect.
- I will leave my space and rooms as I found them, or better.
- I will participate in all activities to the best of my abilities.
- I will not engage in violent behavior.
- I will not use or bring tobacco, marijuana, alcohol, e-cigarette or vapor devices, or other illegal substances.
- I will not engage in affectionate, intimate, or inappropriate behaviors or activities.
- I understand that violation of the Youth Code of Conduct will result in consequences for my behavior.

VIOLATIONS TO GUIDELINES OR CODE OF CONDUCT

Violation of any of the guidelines or code of conduct may result in:

- Not being able to participate in P2P Education Regional Training activities.
- My Parent/Guardian being notified.
- Being sent home from the event at my own expense.

Parents/Guardians: Please retain this form for your records



Parent/Legal Guardian Permission Agreement

Location: Northwest Educational Service District 189 - 1601 R Ave, Anacortes, WA 98221

Date: Friday, October 24th, 2025 | 9:00am -2:30pm (plus transportation time)

Name of Youth: _____

Birthdate: _____ **Grade:** _____ **Adult T-Shirt Size:** _____

School/Organization: _____

Name of Parent/Guardian completing form (Please print):

Parent/Guardian preferred contact information (Phone or email):

Emergency Contact Name: _____

Phone: _____ **Relationship to Youth:** _____

CODE OF CONDUCT

Together, we have read the Youth Code of Conduct (page 2) and understand and agree to the P2P Education Regional Training 2025: Youth Code of Conduct.

Guardian Signature: _____ **Date:** _____

Youth Signature: _____ **Date:** _____



Waiver and Release

I, _____, the parent/legal guardian of _____ by signing this agreement, hereby agree to release, indemnify, and hold harmless the Partner Organizations including: United General District 304, Whatcom County Health Department, Washington State Department of Health, and my student's school district or organization they are attending with, as well as all their employees, agents, representatives, successors, volunteers, etc. from all losses, claims, theft, demands, liabilities, causes of action, or expenses, known or unknown, arising out of participation in this event.

MEDICAL WAIVER AND RELEASE

I am fully aware of the risks involved in the above-mentioned event, and I release from liability the organizing agencies and waive any such claims I may have as a result of an accident, mishap or negligence of the Released Party and/or any other party under or affiliated with Released Party that results in the injury or death of the above-named minor.

Please list any known allergies or dietary restrictions (e.g. food, environmental, medicine) and necessary medication for your youth:

EXCHANGE OF INFORMATION

I understand that organizing parties for the training as listed above may share information about my child in order to avoid duplication of effort, ensure that youth are not participating excessively at the expense of school and studies, and in order to coordinate with teachers and school administration. I also understand that no information will be provided to non-partner organizations, and that all information will be handled securely. I declare that the above is true and correct.



MEDIA RELEASE

I understand that my child's image and/or voice may be captured on video and/or photographed, whether by organizing parties, partner organizations, or by media organizations that may cover the event. Recorded audio, photographs, and video images are public records. I give permission for my child to participate and be videotaped and photographed. I give United General District 304 and the organizing parties' permission to use these images, videos, and recordings, as well as my child's likeness, name, and voice, as follows:

- The use may include reproduction, distribution, derivative works, displays, and performance.
- The use may be in composite or modified forms and in any media, now known or later developed, including without limitation newspapers, television, radio, the World Wide Web, and social media.
- The use may be for any purpose throughout the world and in perpetuity, including, without limitation, education, trade, advertising, and promotion.

I also understand that no compensation is provided for any appearance or statements recorded by organizing parties, partner organizations, or any media in attendance at the event.

I consent

I do not consent*

**Those who do not consent to the media release are still welcome to participate fully in activities and events but will not appear in any publicly shared media.*

By signing below, I agree that I have thoroughly reviewed this document and read all of the above information, and consent to my child's participation in this event.

Parent/Guardian Signature: _____ **Date:** _____