

**FIRST AMENDMENT TO THE AGREEMENT BETWEEN
THE COUNTY OF SHASTA AND SHASTA COUNTY CHILD ABUSE PREVENTION
COORDINATING COUNCIL DBA PATHWAYS TO HOPE FOR CHILDREN**

This First Amendment is entered into between the County of Shasta (“County”), a political subdivision of the State of California, and Shasta County Child Abuse Prevention Coordinating Council dba Pathways to Hope for Children, a California Corporation, (“Consultant”), (collectively, the “Parties” and individually a “Party”).

RECITALS

WHEREAS, County and Consultant have previously entered into an agreement on and effective February 8, 2022 for the purpose of creating the Hope Park Program (“Original Agreement”); and

WHEREAS, County and Consultant desire to amend the Original Agreement to increase the maximum compensation to include the lease costs for a new location for provision of additional services in the City of Redding, replace Exhibits B, C, E, and F with B-1, C-1, E-1, and F-1, add Exhibit L, increase CEO amendment signature authority, and to make other technical language changes (“First Amendment”); and

WHEREAS, the Original Agreement and the First Amendment are collectively referred to as the “Agreement.”

NOW, THEREFORE, the Agreement is amended as follows:

- I. **Scope of Work, EXHIBIT B** is replaced in its entirety by **Scope of Work, EXHIBIT B-1**, attached and incorporated herein.
- II. **Budget, EXHIBIT C** is replaced in its entirety by **Scope of Work, EXHIBIT C-1**, attached and incorporated herein.
- III. **Youth Waivers and Releases, EXHIBIT E** is replaced in its entirety by **Youth Waivers and Releases, EXHIBIT E-1**, attached and incorporated herein.
- IV. **Adult Waivers and Releases, EXHIBIT F** is replaced in its entirety by **Adult Waivers and Releases, EXHIBIT F-1**, attached and incorporated herein.
- V. Section 1. **EXHIBITS AND ATTACHMENTS.** of the agreement is amended in its entirety to read as follows:

Section 1. EXHIBITS AND ATTACHMENTS.

The following exhibits are attached hereto and incorporated herein:

- EXHIBIT A: Definitions
- EXHIBIT B-1: Scope of Work
- EXHIBIT C-1: Budget
- EXHIBIT D: Hope Scales
- EXHIBIT E-1: Youth Waivers and Releases
- EXHIBIT F-1: Adult Waivers and Releases
- EXHIBIT G: Participant Survey
- EXHIBIT H: Netiquette Rules
- EXHIBIT I: Statistical Monthly Report
- EXHIBIT J: Invoice/Expenditure Report
- EXHIBIT K: Mileage log
- EXHIBIT L: Stipend Tracking

VI. Section 2. RESPONSIBILITIES OF CONSULTANT. of the agreement is amended in its entirety to read as follows:

Section 2. RESPONSIBILITIES OF CONSULTANT.

- A. Pursuant to the terms and conditions of this agreement, Consultant shall provide the services at the Anderson Teen Center, located at 2889 E Center St, Anderson, CA, 96007, and at the Redding Teen Center, located at 2981 Churn Creek Rd, Redding, CA 96002, as described in **Scope of Work, EXHIBIT B-1.**
- B. Secure a lease and any permits, contracts, or credentials needed to open Hope Park at the Anderson Teen Center and at the Redding Teen Center. Maintain the lease at Anderson Teen Center and Redding Teen Center throughout the period of this agreement. Notify County 30 days prior to any termination of the lease.
- C. Provide staffing in accordance with **Budget, EXHIBIT C-1,** to meet the objectives set forth in Section 1.B of EXHIBIT B-1 and operate Hope Park using the curriculum set forth in Sections 1.C-F of EXHIBIT B-1.
- D. Provide in-person or virtual Annual Cultural Competency Training for staff using County-approved curriculum.
- E. Reporting and data submission
 - a. Submit a quarterly report to County at MHSA@co.shasta.ca.us no later than October 20th, January 20th, April 20th, and July 15th of each County Fiscal Year, for the preceding three-month period or fraction thereof. Quarterly report shall be a written narrative report summarizing Hope Park's activities from the previous quarter, including the number of Youth and Older Adults participating in activities, discussion of objectives that were met, program challenges and suggestions for mitigating the challenges, discussion

of referral and activity statistics, discussion of why Youth or Older Adults are accepting or declining to participate in Hope Park as a Participant, suggestions for improvements to Hope Park, and Hope Park accomplishments.

- b. Submit the final quarterly report to be presented to MHSA as directed by the County.
 - c. Comply with data collection and reporting requirements as set forth in Section 2.B. of EXHIBIT B-1.
- F. Attend annual program evaluation and improvement meetings as determined by County and participate in County's stakeholder meetings as necessary and at the sole discretion of the County as set forth in Section 2.C. of EXHIBIT B-1.
- G. County may authorize Consultant to provide stipends in the form of gift cards for Participants as set forth in EXHIBIT C-1. Gift cards to retailers that do not restrict the purchase of alcohol and tobacco products shall expressly be prohibited. Consultant shall submit a deidentified reconciliation functionally similar to **Stipend Tracking, EXHIBIT L** with their monthly invoice that details gift cards purchased, distribution of gift cards, and remaining balance of gift cards. Gift cards shall not exceed \$25 per Participant for participation in activities such as, but not limited to:
- a. Teen Center Based Activities;
 - b. Volunteer Academy;
 - c. High-Adventure Activities;
 - d. Assessments;
 - e. Hope Scales; and
 - h. Orientations.
- H. Ensure and maintain corroborating documentation as set forth in Section 15.A., that all staff and volunteers working with the Hope Park program or its Participants or under this agreement receive appropriate clearance following a federal and state criminal records check and a California Department of Motor Vehicles record check.
- I. As required by Government Code section 7550, each document or report prepared by Consultant for or under the direction of County pursuant to this agreement shall contain the numbers and dollar amount of the agreement and all subcontracts under the agreement relating to the preparation of the document or written report. If multiple documents or written reports are the subject of the agreement or subcontracts, the disclosure section may also contain a statement indicating that the total agreement amount represents compensation for multiple documents or written reports. Consultant shall label the bottom of the last page of the document or report

as follows: department name, agreement number, and dollar amount. If more than one document or report is produced under this agreement, Consultant shall add: "This [document or report] is one of [number] produced under this agreement."

- J. Any agreement between Consultant and a third party, or work performed by Consultant for work that constitutes a public works project as that term is defined by California law including, but not limited to, Labor Code section 1720, shall include the following provision:

[Insert name of third-party performing the work] shall pay, and shall require any subcontractor to pay, not less than the specified prevailing rates of per diem wages to all laborers, workers, and mechanics employed by them in the execution of this Contract in accordance with the provisions of Article 2 (commencing with section 1770) of Chapter 1 of Part 7 of Division 2 of the Labor Code. Copies of the prevailing rate of per diem wages are on file at Shasta County's Department of Public Works, located at 1855 Placer Street, Redding, California, and are available to Consultant upon request. Consultant shall also pay, and shall require each subcontractor to pay, travel and subsistence payments to each laborer, worker, and mechanic needed to execute the work.

In addition to any other indemnification provision of this agreement, Consultant shall indemnify and hold County harmless from and defend County against any and all claims of liability for any failure by Consultant arising in part or in whole from Consultant's or its agents, contractors, or employees' failure to comply with the duties proscribed by this subsection.

- K. Acknowledge the funding source of all activities undertaken pursuant to this agreement by including in any educational and training materials, audio visual aids, websites, interviews with the press, flyers, or publications the following statement: "This activity (or program) has been funded by the County of Shasta through the California Mental Health Services Act."

- VII. Section 4. Compensation of the agreement is amended in its entirety to read as follows:

Section 4. COMPENSATION.

- A. Consultant shall be paid for the services described in this agreement as outlined in EXHIBIT C-1. Consultant may expend up to a maximum of ten percent of the total salaries and benefits paid for administrative costs. Consultant shall invoice County for actual costs incurred in operation.
- B. Consultant shall be paid via electronic invoice payment; automated clearing house ("ACH"), County credit card, or Commerce Bank virtual card. ACH payments require submission of the completed Auditor-Controller ACH/Direct Deposit authorization form within five days of execution of this agreement.

- C. In no event shall the maximum amount payable under this agreement exceed \$1,750,000.
- D. County will not compensate Consultant for direct or indirect costs exceeding budget line items unless prior written permission from County to exceed the particular budget line item has been received by Consultant. During the term of this agreement, the HHSA Director, or any HHSA Branch Director designated by the HHSA Director, may approve, in writing and in advance, budget line-item shifts provided the shift does not exceed 10 percent of any Budget category during the entire term of this agreement and provided further that the line-item shift shall not increase the total compensation payable under this agreement.
- E. Mileage reimbursement to Consultant shall be at the standard rate of the Internal Revenue Service of the United States Department of Treasury ("IRS") in effect at the time the actual mileage was driven providing direct services under this agreement. Invoices that include mileage reimbursement must be accompanied by a mileage log functionally similar to **EXHIBIT K**.
- F. Stipends, as set forth in Section 2. G. will not be reimbursed if they are purchased from retailers that do not restrict the purchase of alcohol and tobacco products.

VIII. Section 8. ENTIRE AGREEMENT; AMENDMENTS; HEADINGS; EXHIBITS/APPENDICES. of the agreement is amended in its entirety to read as follows:

Section 8. ENTIRE AGREEMENT; AMENDMENTS; HEADINGS; EXHIBITS/APPENDICES.

- A. This agreement supersedes all previous agreements relating to the subject of this agreement and constitutes the entire understanding of the Parties hereto. Consultant shall be entitled to no other benefits other than those specified herein. Consultant specifically acknowledges that in entering into and executing this agreement, Consultant relies solely upon the provisions contained in this agreement and no others.
- B. No changes, amendments, or alterations to this agreement shall be effective unless in writing and signed by both Parties. However, minor amendments, including retroactive, that do not result in a substantial or functional change to the original intent of this agreement and do not cause an increase to the maximum amount payable under this agreement by more than \$150,000 during the term of the agreement may be agreed to in writing between Consultant and the HHSA Director or designated Branch Director provided that the amendment is in substantially the same format as the County's standard format amendment contained in the Shasta County Contracts Manual (Administrative Policy 6-101).

- C. The headings that appear in this agreement are for reference purposes only and shall not affect the meaning or construction of this agreement.
- D. If any ambiguity, inconsistency, or conflict exists or arises between the provisions of this agreement and the provisions of any of this agreement's exhibits or appendices, the provisions of this agreement shall govern.

IX. REAFFIRMATION

In all other respects, the agreement, as amended, and any attachments, remains in full force and effect.

X. ENTIRE AGREEMENT

The agreement, as amended, and any attachments, constitute the entire understanding between County and Consultant.

XI. EFFECTIVE DATE

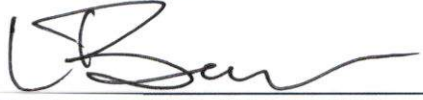
Unless otherwise provided, this First Amendment shall be deemed effective on February 8, 2022.

SIGNATURE PAGE FOLLOWS

IN WITNESS WHEREOF, the Parties hereto have executed this First Amendment to the Agreement. By their signatures below, each signatory represents that he/she has the authority to execute this First Amendment and to bind the Party on whose behalf his/her execution is made.

COUNTY OF SHASTA

Date: 3/1/22

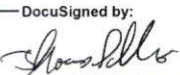

LES BAUGH, CHAIRMAN
Board of Supervisors
County of Shasta
State of California

ATTEST:

MATTHEW P. PONTES
Clerk of the Board of Supervisors

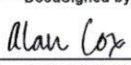
INFORMATION TECHNOLOGY APPROVAL

By: 
Deputy

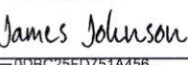
DocuSigned by:

By: _____
0333A25F1FD4408...
Tom Schreiber
Chief Information Officer

Approved as to form:
RUBIN E. CRUSE, JR
County Counsel

RISK MANAGEMENT APPROVAL

DocuSigned by:
By: 

90B10F4332248B...
Alan B. Cox
Deputy County Counsel III

DocuSigned by:
By: 

0DBC25FD751A456...
James Johnson
Risk Management Analyst III

CONSULTANT

Date: 02/18/2022 | 11:36 AM PST

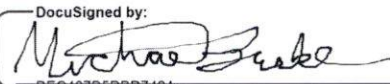
DocuSigned by:

By: _____
0FC807B50BD7494...
Michael Burke, Executive Director
Pathways to Hope for Children
Tax I.D.#: On file

EXHIBIT B-1

SCOPE OF WORK

Pursuant to the terms and conditions of the agreement, Consultant shall create and implement the Hope Park program as follows:

Section 1. Development Phase

- A.** Development Phase shall be completed within 4 months of the execution of this agreement. Consultant shall submit documentation to County for review and approval at MHSA@co.shasta.ca.us to indicate that steps B-F of the Development Phase are complete.
- B.** Develop Hope Park to meet the following objectives:
 - 1. Ensure 75 Youth participate in Hope Park by the end of Year 1 as set forth in Section 6.B of the agreement. For Years 2-5, ensure 200 Youth participate per year for the duration of the agreement.
 - 2. Recruit and train 40 Older Adults to participate in Hope Park by the end of Year 1 as set forth in Section 6.B of the agreement, an additional 60 by the end of Year 2 and 80 by the end of Year 3, for a total of 80 Older Adults actively participating per year.
 - 3. Build a daily average of 30 Youth visits each at the Anderson Teen Center and Redding Teen Center by the end Year 1 as set forth in Section 6.B of the agreement. For Years 2-5 maintain a daily average of 75 daily visits by Youth.
- C.** Develop Program Curriculum, including, but not limited to the following:
 - 1. Assessments, Participant self-surveys, self-questionnaires, or other outcomes measurement tools, which are approved by County's Outcomes, Planning and Evaluation unit, to measure in Youth and/or Older Adults:
 - (i) Perceived stress;
 - (ii) Emotional wellbeing;
 - (iii) Suicidal ideation;
 - (iv) Ability to establish and accomplish self-defined goals;
 - (v) ACE scores for Youth ages 13 and older;
 - (vi) Monitoring grades;
 - (vii) Interactions with law enforcement; and
 - (viii) Reduction in risky behavior and improvement in school engagement.

2. Policies and procedures for Hope Park. This shall include, but is not limited to, training polices for Coordinators on how to conduct assessments, questionnaires, and surveys, policies and procedures on referrals for Participants for services, events, and resources not provided by Hope Park, and a process for offering whole-family care to Participants.
3. An activity schedule for Participants that includes monthly calendars of Teen Center Based Activities and events, with a minimum of 25 evidence-based or evidence-informed programs per month and a minimum of one High Adventure Activity per quarter.
 - (i) Teen Center Based Activities shall be structured and unstructured activities designed to identify personal strengths, develop skills, foster mentoring between Older Adults and Youth, encourage problem solving, teach how to set goals, promote bonding, and improve accountability and respect. Activities may include but are not limited to mentoring sessions, karate classes, yoga classes, financial literacy, life skills, team sports, arts and crafts, cooking, sports, music, community service, and leadership training.
 - (ii) High-Adventure Activities shall be activities where Hope Park Participants can explore unfamiliar experiences, learn new skill sets, experience healthy risks and challenges, and create opportunities for bonding. Examples could include, but are not limited to, whitewater rafting, ropes courses and ziplining.
4. A Volunteer Academy to serve as an onboarding training for Older Adults. Older Adults must complete Volunteer Academy prior to participation in any Teen Center Based Activity or High Adventure Activity.
 - (i) Volunteer Academy shall consist of at least 20 hours interactive training in the following areas: Mental Health First Aid for Youth, suicide awareness, motivational interviewing, mentoring, mandated child abuse reporter training, The 40 Developmental Assets Framework, sexual assault prevention and intervention, domestic violence awareness, ACEs, Hope theory, and awareness regarding local community services and resources.
5. An orientation intake process for Participants. Orientation shall be completed by each Older Adult before beginning Volunteer Academy and by each Youth and their parent or legal guardian prior to attending their first Teen Center Based Activity or High Adventure Activity.
 - (i) Adult orientations or Youth orientations may be held one-on-one or in group settings as determined by Coordinators;

- (ii) Parents or legal guardians of Youth shall complete the **Youth Waiver and Releases, EXHIBIT E** document at orientation. Parents or legal guardians of Youth must be provided a copy of **Netiquette Rules, EXHIBIT K** at orientation. Youth shall be given the opportunity to complete the Hope Scale, **EXHIBIT D**, and the Participant Survey, **EXHIBIT G** at Orientation; and
 - (iii) Older Adults shall complete the **Older Adult Waivers and Releases, EXHIBIT F** document at orientation. Older Adults shall be provided a copy of **Netiquette Rules, EXHIBIT K**, at Orientation. Older Adults shall be given the opportunity to complete the Hope Scale, **EXHIBIT D**, and the Participant Survey, **EXHIBIT G** at Orientation.
- D. Create an advertising plan including print, digital marketing materials, and in-person recruitment to promote Hope Park.
 - E. Create a recruitment plan for Older Adults and Youth in Shasta County interested in participating in Hope Park. Older Adults may be recruited from various community partners including, but not limited to: Frontier Senior Center, the Older Adult Policy Council, Shining Care, Redding Senior Center, and local service clubs. Youth may be recruited through outreach in local high schools, youth groups, community programs, and referrals from other partnering agencies.
 - F. Secure a location and launch Hope Park program in a Redding Teen Center.

Section 2. Implementation.

- A. **Services.** Upon completion of Development Phase as set forth in Section 1.A. above, provide Hope Park services including but not limited to the following:
 - 1. Recruit Participants as set forth in Section 1.E.;
 - 2. Hold orientations for Youth and Older Adults as set forth in Section 1.C.5;
 - 3. Conduct Volunteer Academy as set forth in Section 1.C.4;
 - 4. Begin Teen Center Based Activities and High Adventure Activities pursuant to activities schedule as set forth in Section 1.C.3;
 - 5. Advertise Hope Park as set forth in Section 1.D.; and
 - 6. Utilize policies and procedures as set forth in Section 1.2..
- B. **Data Collection.** Each document or report prepared by Consultant for, or under the direction of County, pursuant to this agreement shall contain de-identified data only. Consultant shall ensure all Participant confidentiality is maintained pursuant to all Federal and State rules, statutes, regulations,

and policies. Documents or records shall be submitted to the County by the 10th day of the following month via email to MHSA@co.shasta.ca.us or by U.S. Mail to the County's Health and Human Services Agency (HHS), Attn: MHSA, 1880 Shasta Street, Redding, CA 96001.

1. Administer Hope Scales to Participants at orientation, following High Adventure Activities, and when Participant discontinues Hope Park. Submit all de-identified Hope Scales completed in the prior month to County as set forth above;
 2. Administer Participant Surveys, **EXHIBIT G**, to Participants at orientation as set forth in Section 1.C.5.(ii) and Section 1.C.5.(iii) above. Submit de-identified data to County as set forth above;
 3. Collect Older Adult Waivers and Releases, **EXHIBIT F**, completed by Older Adults as set forth in Section 1.C.5.(iii) and retain as set forth in Section 15.A. of the agreement;
 4. Collect Youth Waivers and Releases, **EXHIBIT E**, completed by the parent or legal guardian of Youth as set forth in Section 1.C.5.(ii) and retain as set forth in Section 15.A. of the agreement; and
 5. Complete the de-identified Statistical Monthly Report, **EXHIBIT I**, and submit to County as set forth above.
- C. Progress and Evaluation meetings.** Meetings shall take place at a date, time, and location mutually agreed upon by Consultant and County. If Consultant and County cannot mutually agree, County shall determine the date, time, and location of the meetings.
1. Consultant shall participate in County's stakeholder meetings as necessary and at sole discretion of County.
 2. Consultant and County shall meet, virtually or in person, at the end of Years 1 and 2 as set forth in Section 6.B. of the agreement to review program progress and determine if adjustments are needed to reach desired outcomes.
 3. At the end of Year 3, as set forth in Section 6.B. of the agreement, Consultant and County shall meet, virtually or in person to analyze all available data and seek input from stakeholders to determine the level of success of Hope Park.
 - (i) Discuss what funding stream(s) may be available to support operations once the period of this agreement concludes, as MHSA Innovations funding has a five-year limit.
 4. At the end of Year 4, as set forth in Section 6.B of the agreement, Consultant and County shall meet, virtually or in person to discuss the possible ending of Hope Park at the termination of this agreement.
 - (i) If County MHSA funds are to be used for the continued operation of Hope Park after the end of Year 5, County will ensure HHS Fiscal department, Auditor's Office, and any

other affected County agency/departments are incorporated into the process to ensure accuracy, due diligence, and risk mitigation.

- D. Assessment of the Successes and Failures of Hope Park.** Based on the data collected, reports, and changes in total hope score as found on Hope Scales of Participants, Consultant shall answer the learning question, “Does an intergenerational connection based on shared experiences and meaningful interactions increase hope scores and wellbeing and reduce suicidal ideation among Older Adults and Youths?”
1. Consultant shall provide their observations and supporting data in a written narrative report answering the question in Section 2.D. to be submitted to County 15 days after the end of Year 4, as set forth in Section 6.B of the agreement or 15 days after the termination of the agreement, whichever comes first.
 2. Consultant shall share the successes and failures of the Innovation project with other interested parties. This provision shall survive the termination, expiration, or cancellation of this agreement.

EXHIBIT C-1

**SCCAPCC - HOPE PARK
BUDGET**

Shasta County Health & Human Services Agency
P.O. Box 496005
Redding, CA 96049-6005

Pathways to Hope for Children
2280 Benton Drive, Building C, Suite B
Redding, CA 96003

Multi-Year Service Budgets

Budget Category	Budget Period DOS - 6/22	Budget Period 7/22 - 6/23	Budget Period 7/23 - 6/24	Budget Period 7/24 - 6/25	Budget Period 7/25 - 6/26	Total Budgeted Costs					
Personnel/Position	FTE										
Executive Director	0.65	\$50,000	0.10	\$12,500	0.10	\$12,674	0.10	\$12,600	0.10	\$12,500	\$100,274
Deputy Director (needed for first 21 weeks)	0.33	\$19,000		\$0		\$0		\$0		\$0	\$19,000
Program Manager	1.00	\$23,000	0.50	\$27,000	0.50	\$29,000	0.50	\$29,000	0.50	\$29,000	\$137,000
Volunteer Coordinator	1.00	\$20,000	1.00	\$52,500	1.00	\$55,000	1.00	\$55,000	1.00	\$55,000	\$237,500
Hope Park Program Coordinator	1.00	\$20,000	1.00	\$40,000	1.00	\$43,000	1.00	\$43,000	1.00	\$43,000	\$189,000
											\$0
Fringe Benefits 29%		\$38,280		\$38,280		\$40,505		\$40,484		\$40,455	\$198,004
Total Salary and Benefits		\$170,280		\$170,280		\$180,179		\$180,084		\$179,955	\$880,778
Operating Expenses											
Office Expenses/Supplies		\$9,000		\$5,000		\$4,000		\$4,000		\$4,000	\$26,000
Equipment		\$21,000		\$5,000		\$4,000		\$4,000		\$4,000	\$38,000
Rents/Leases		\$25,000		\$50,000		\$50,000		\$50,000		\$50,000	\$225,000
Utilities/Communications		\$11,000		\$6,000		\$5,000		\$5,000		\$5,000	\$32,000
Travel		\$10,000		\$10,000		\$10,000		\$10,000		\$10,000	\$50,000
Software		\$5,000		\$5,000		\$5,000		\$5,000		\$5,000	\$25,000
High Adventure Activities		\$48,000		\$50,000		\$50,000		\$50,000		\$50,000	\$248,000
Teen Center Based Activities		\$20,000		\$23,000		\$22,000		\$22,000		\$22,000	\$109,000
Stipends for participants		\$2,000		\$2,000		\$1,000		\$1,000		\$1,000	\$7,000
Total Operating Expenses		\$151,000		\$156,000		\$151,000		\$151,000		\$151,000	\$760,000
Other Expenses											
Capital Assets											\$0
Kitchen Appliances		\$5,000		\$3,000		\$500		\$500		\$500	\$9,500
Furniture (Desks, Chairs, Couches, etc...)		\$6,700		\$3,720		\$320		\$320		\$320	\$11,380
Total Other Expenses		\$11,700		\$6,720		\$820		\$820		\$820	\$20,880
Total Expenses		\$332,980		\$333,000		\$331,999		\$331,904		\$331,775	\$1,661,658
Administrative Cost		\$17,028		\$17,028		\$18,018		\$18,008		\$17,996	\$88,078
<i>(Not to exceed 10% of salaries and benefits)</i>											
Totals		\$350,008		\$350,028		\$350,017		\$349,912		\$349,771	\$1,749,736

*** FOR COUNTY USE ONLY:**

Cost Center _____

Account Code _____

Project Code _____

Activity Code _____

EXHIBIT E-1

YOUTH WAIVERS AND RELEASES



Release of Liability & Authorization to Consent to Emergency Treatment of a Minor

In consideration of being permitted to participate in services at Hope Park, I, _____ (name of parent/legal guardian), the undersigned parent/legal guardian of _____, a minor, with legal authority to execute this Release, give to Pathways to Hope for Children (PHC) and the County of Shasta acting through its Health and Human Services Agency and their respective employees, officers, elected officials, agents, legal representatives, licensees, and assignees the following authorization and Release.

I understand PHC and the County of Shasta do not provide medical insurance for any accident or injury that might result from participation in Hope Park events, activities or trips. I personally assume all liability for any injuries that might occur to my child during any event, activity or trip.

I do hereby authorize the PHC staff, as agent(s) for the undersigned in our absence, to facilitate transportation to the nearest medical facility for medical care/treatment and agree to assume full responsibility for all associated medical, transportation and related costs. I consent to whatever x-rays, examination, testing, medication, medical treatment, surgical or dental procedures, hospital care, and any other treatment/consultation are deemed necessary in the best judgment of the medical professionals, licensed in the State of California, until I can be reached and am able to participate fully in those decisions.

Knowing and understanding the risks involved in participating in the Hope Park program, I hereby release, discharge and agree to save harmless PHC and the County of Shasta and all persons functioning under their respective permission or authority from any liability associated with participating in receiving services with Hope Park.

I waive any claim regarding breach of confidentiality regarding any personal information or personal health information obtained while participating in services with Hope Park.

I hereby affirm that I have read this authorization and release, prior to its execution, and that I fully understand the contents thereof. I am aware that this release is a full release of all liability and voluntarily execute it. This agreement is binding upon me and my heirs, legal representatives and assigns. My signature on this document is intended to bind not only myself, my child whom I have legal custody and control of and for whom I have the authority to execute this release but also my heirs, administrators, executors, and assigns. The undersigned expressly agrees that this Release is intended to be as broad and inclusive as permitted by California law.

Parent/Guardian Signature

Date

EXHIBIT E-1

YOUTH WAIVERS AND RELEASES



Parent/Guardian Permission for Hope Park High Adventure Activities

In consideration of being permitted to attend special events, field trips, and/or high adventure events with Hope Park, I, _____ (name of parent/legal guardian), the undersigned parent/legal guardian of _____, a minor, with legal authority to execute this Release, give to Pathways to Hope for Children (PHC) and the County of Shasta acting through its Health and Human Services Agency and their respective employees, officers, elected officials, agents, legal representatives, licensees, and assignees the following authorization and Release.

Permission for my child to attend and participate in special events, field trips and activities associated with Hope Park, PHC, and the County of Shasta. This Release shall include offsite field trips in which youth will be driven by PHC staff and/or approved contracted drivers.

Knowing and understanding the risks involved in participating in the Hope Park program and these High Adventure Activities, I hereby release, discharge and agree to save harmless PHC and the County of Shasta and all persons functioning under their respective permission or authority from any liability associated with participating in services with Hope Park.

I hereby affirm that I have read this authorization and release, prior to its execution, and that I fully understand the contents thereof. I am aware that this release is a full release of all liability and voluntarily execute it. This agreement is binding upon me and my heirs, legal representatives and assigns. My signature on this document is intended to bind not only myself, my child whom I have legal custody and control of and for whom I have the authority to execute this release but also my heirs, administrators, executors, and assigns. The undersigned expressly agrees that this Release is intended to be as broad and inclusive as permitted by California law.

Parent/Guardian Signature

Date

EXHIBIT E-1

YOUTH WAIVERS AND RELEASES



Photo, Video, Audio & Social Media Consent and Release

In consideration of being permitted to participate in the Hope Park program, I, _____ (name of parent/legal guardian), the undersigned parent/legal guardian of _____, a minor, with legal authority to execute this Release, give to Pathways to Hope for Children (PHC) and give to the County of Shasta acting through its Health and Human Services Agency and its employees, officers, elected officials, agents, legal representatives, licensees, assignees, and photographers the following authorization and release.

I give PHC and the County of Shasta the unrestricted right and permission to copyright and use, re-use, publish, and republish photographic portraits or pictures of my minor child or myself, video images of my minor child or myself, or recordings of my minor child or myself in which they may be included intact or in part, or reproduction hereof in color or otherwise, made through any and all media, including social media, now or hereafter known for illustration, promotion, advertising, or any other purpose whatsoever.

I hereby release, discharge and agree to save harmless PHC and the County of Shasta and all persons functioning under its permission or authority from any liability by virtue of any blurring, distortion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof, including without limitation, any claims for libel or invasion of privacy. I understand that security cameras are installed inside Hope Park as an added safety and security precaution. Security cameras are set to record if activity is detected after hours. Although no ongoing video or audio recording/surveillance will take place during open, operating hours, PHC reserves the right to record as deemed necessary. I understand that neither my minor child nor I will receive compensation for the use of our likeness in any form.

I hereby relinquish any right that I may have to examine or approve the completed product or product or the materials that may be used in conjunction therewith or the use to which it may be applied.

I waive any claim for invasion of my privacy related to the publication, reproduction, or broadcast of the products or materials.

I hereby affirm that I have read this authorization and release, prior to its execution, and that I fully understand the contents thereof. This agreement is binding upon me and my heirs, legal representatives and assigns.

Signature Parent/Legal Guardian

Date Authorization Signed

Name of Witness (print)

Signature of Witness

EXHIBIT E-1

YOUTH WAIVERS AND RELEASES



Internet Permission

The internet may contain harmful matter. Although we exercise reasonable supervision over those who access the Internet within our system and we use due diligence in educating students and employees regarding acceptable and unacceptable practice on the internet within our system, it is still possible that internet users may intentionally or unintentionally access information which may be inappropriate. Our terms of acceptable use of the internet are as follows:

- A. Use of the system is a privilege, which may be terminated if the user abuses the system. Abuse would include but is not limited to: the placing of unlawful information on or through the system; the use or retrieval of information (messages, text, images, and programs) which is obscene, abusive, or otherwise objectionable; and use of the system as a commercial operation.
- B. Pathways to Hope for Children (PHC) and Hope Park’s designated staff will be the sole determiner of what constitutes use or retrieval of information (messages, text, images, and programs) and whether it is obscene, abusive, or otherwise objectionable.
- C. PHC and Hope Park’s designated staff reserves the right to access any material stored in its equipment on behalf of the user and reserves the right to remove any material.
- D. Youth understand that login passwords are not allowed to be changed.
- E. PHC and Hope Park’s internet usage is guided by the generally accepted Internet Practices called “Netiquette,” a set of commonsense rules about using the Internet with respect for others. Staff may use their judgment to assure fair access for all users. The Netiquette commonsense rules have been provided for review.

PHC and Hope Park may terminate the internet privilege of any user for abuse of this privilege. By signing below, I/we state that I/we have reviewed the commonsense Netiquette rules, understand the Acceptable Use Standards above, and give permission for my child to use the Internet connected computers at the PHC/Hope Park.

Youth Print Name / Signature

Date

Parent/Guardian Print Name

Parent/Guardian Signature

Date

EXHIBIT F-1

ADULT WAIVERS AND RELEASES



Release of Liability & Authorization to Consent to Emergency Treatment

In consideration of being permitted to participate in services at Hope Park, I, _____, give to Pathways to Hope for Children (PHC) and the County of Shasta acting through its Health and Human Services Agency and their respective employees, officers, elected officials, agents, legal representatives, licensees, and assignees the following authorization and release.

I understand PHC and the County of Shasta do not provide medical insurance for any accident or injury that might result from participation in Hope Park events, activities or trips. I personally assume all liability for any injuries that might occur during any event, activity or trip.

I do hereby consent and authorize the PHC staff, to facilitate transportation to the nearest medical facility for medical care/treatment and agree to assume full responsibility for all associated medical, transportation and related costs. I consent to whatever x-rays, examination, testing, medication, medical treatment, surgical or dental procedures, hospital care, and any other treatment/consultation are deemed necessary in the best judgment of the medical professionals, licensed in the State of California, until I am able to participate fully in those decisions.

Knowing and understanding the risks involved in participating in the Hope Park program I hereby release, discharge and agree to save harmless PHC and the County of Shasta and all persons functioning under their respective permission or authority from any liability associated with receiving services at Hope Park.

I waive any claim regarding breach of confidentiality regarding any personal information or personal health information obtained while receiving services at Hope Park.

I hereby affirm that I have read this authorization and release, prior to its execution, that I am at least 18 years of age, and that I fully understand the contents thereof. I am aware that this release is a full release of all liability and voluntarily execute it. This agreement is binding upon me and my heirs, legal representatives and assigns. The undersigned expressly agrees that this Release is intended to be as broad and inclusive as permitted by California law.

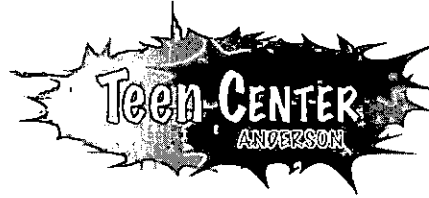
Print Name

Signature

Date

EXHIBIT F-1

ADULT WAIVERS AND RELEASES



Release of Liability for Hope Park High Adventure Activities

In consideration of attending special events, field trips, and/or high adventure events with Hope Park, I, _____, give to Pathways to Hope for Children (PHC) and the County of Shasta acting through its Health and Human Services Agency and their respective employees, officers, elected officials, agents, legal representatives, licensees, and assignees the following authorization and release.

I understand there are inherent risks associated with high adventure activities, participation in special events, field trips and activities associated with Hope Park, PHC, and the County of Shasta, and agree to assume all inherent and non-inherent risks. This Release shall include offsite field trips in which I may be driven by PHC staff and/or approved contracted drivers.

I hereby release, discharge and agree to save harmless PHC and the County of Shasta and all persons functioning under their respective permission or authority from any liability associated with participating in services with Hope Park.

I waive any claim regarding breach of confidentiality regarding any personal information or personal health information obtained while participating in services with Hope Park.

I hereby affirm that I have read this authorization and release, prior to its execution, that I am at least 18 years of age, and that I fully understand the contents thereof. I am aware that this release is a full release of all liability and voluntarily execute it. This agreement is binding upon me and my heirs, legal representatives and assigns. The undersigned expressly agrees that this release is intended to be as broad and inclusive as permitted by California law.

Print Name

Signature

Date

EXHIBIT F-1

ADULT WAIVERS AND RELEASES



Photo, Video & Social Media Consent and Release

In consideration of being permitted to participate in the Hope Park program, I, _____ with legal authority to execute this Release, give to Pathways to Hope for Children (PHC) and give to the County of Shasta acting through its Health and Human Services Agency and its employees, officers, elected officials, agents, legal representatives, licensees, assignees, and photographers the following authorization and release.

I give PHC and the County of Shasta the unrestricted right and permission to copyright and use, re-use, publish, and republish photographic portraits or pictures of myself, video images of myself, or recordings of myself in which they may be included intact or in part, or reproduction hereof in color or otherwise, made through any and all media, including social media, now or hereafter known for illustration, promotion, advertising, or any other purpose whatsoever.

I hereby release, discharge and agree to save harmless PHC and the County of Shasta and all persons functioning under its permission or authority from any liability by virtue of any blurring, distortion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof, including without limitation, any claims for libel or invasion of privacy. I understand that security cameras are installed inside Hope Park as an added safety and security precaution. Security cameras are set to record if activity is detected after hours. Although no ongoing video or audio recording/surveillance will take place during open, operating hours, PHC reserves the right to record as deemed necessary. I understand that I will receive compensation for the use of my likeness in any form.

I hereby relinquish any right that I may have to examine or approve the completed product or products or the materials that may be used in conjunction therewith or the use to which it may be applied.

I waive any claim for invasion of my privacy related to the publication, reproduction, or broadcast of the products or materials.

I hereby affirm that I have read this authorization and release, prior to its execution, and that I fully understand the contents thereof. This agreement is binding upon me and my heirs, legal representatives and assigns.

Signature

Date Authorization Signed

Name of Witness (print)

Signature of Witness

EXHIBIT F-1

ADULT WAIVERS AND RELEASES



Internet Permission

The internet may contain harmful matter. Although we exercise reasonable supervision over those who access the Internet within our system and we use due diligence in educating users regarding acceptable and unacceptable practice on the Internet within our system, it is still possible that internet users may intentionally or unintentionally access information which may be inappropriate. Our terms of acceptable use of the internet are as follows:

- A. Use of the system is a privilege, which may be terminated if the user abuses the system. Abuse would include but is not limited to: the placing of unlawful information on or through the system; the use or retrieval of information (messages, text, images, and programs) which is obscene, abusive, or otherwise objectionable; and use of the system as a commercial operation.
- B. Pathways to Hope for Children (PHC) and Hope Park's designated staff will be the sole determiner of what constitutes use or retrieval of information (messages, text, images, and programs) and whether it is obscene, abusive, or otherwise objectionable.
- C. PHC and Hope Park's designated staff reserves the right to access any material stored in its equipment on behalf of the user and reserves the right to remove any material.
- D. Login passwords are not allowed to be changed.
- E. PHC and Hope Park's internet usage is guided by the generally accepted Internet Practices called "Netiquette," a set of commonsense rules about using the Internet with respect for others. Staff may use their judgment to assure fair access for all users. The Netiquette commonsense rules have been provided for review.

PHC and Hope Park may terminate the Internet privilege of any user for abuse of this privilege. By signing below, I/we state that I/we have reviewed the commonsense Netiquette rules, understand the Acceptable Use Standards above.

Print Name

Signature

Date

EXHIBIT L

MONTH: Hope Park Stipend Tracking

	Previously received (Yes/No)	Gift card retailer and amount	Date Distributed	Activity Participated in
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

no more than \$25 can be distributed to each Participant

****Gift Cards must restrict the purchase of alcohol and tobacco or they will not be reimbursed**