SuperKids

Superhero Therapy Youth Resiliency-Building Program

Winter 2022

East Linden Elementary School

Based on the work of Dr. Janina Scarlet, this six-week program is a non-traditional therapy experience geared towards youth, 8 to 13 years of age, to encourage resiliency-building and positive value-driven lifestyles while utilizing superhero pop-culture motifs.

Fill out permission slip on the back to register your student.

Questions? Call Monique at 614-645-4798.

Columbus CARE Coalition

The Columbus CARE Coalition encourages hope and healing for individuals, families and neighborhoods experiencing trauma.

The Coalition also creates awareness and equips people and organizations to look at trauma through a different lens in order to respond in a positive and consistent way.





The Columbus CARE Coalition is a collaborative community effort led by Columbus Public Health. Questions? Call 614-645-6248.

COLUMBUS PUBLIC HEALTH

This waiver and release limits your right to recovery of damages in case of accident. Read all of the following carefully before signing.

The undersigned, in consideration for participation in the Youth Resiliency Building Program; an effort led by the Columbus CARE Coalition through Columbus Public Health, does hereby consent and agree to the following:

The undersigned, as parent and/or legal guardian of_______, hereby waives and releases the City of Columbus, Ohio, all of its departments and divisions and all of its employees, agents or other representatives from any loss, claim, cause of action, damage, or liability whatsoever, whether without limitation strict or absolute liability in tort or by statute imposed, charge, cost or expense, including without limitation, attorneys fees to the extent permitted by law, which may be incurred in connection with, or in any manner arising out of any damage or loss to property or injury or death of any person that may occur while your child or legal ward participates in this program, including without limitation, from being a passenger in or physically in proximity to any city owned or operated vehicle, conveyance or other apparatus.

Further, the undersigned hereby agrees to indemnify the City of Columbus, Ohio, all of its departments and divisions and all of its employees, agents or other representatives against any monetary award, both compensatory and punitive, or equitable relief by a judge or jury that may result from damages or loss to persons or property sustained while your child or legal ward participates in this program.

In no event shall the minor participant in this program or any of his or her heirs, assigns, agents or any other individual action on behalf of the minor participant be considered the officers, employees, agents or other representative of the City of Columbus.

I have read, understand, and agree to the terms and stipulations of this waiver and release of liability.

Signature of Parent/Guardian

Date

Parent/Guardian's Phone Number

