



STUDENT CAN CONTRACT

-- EMPOWERING POSITIVE CHOICES -- EST. 1997

I pledge as a student member of Change Attitudes Now that I will not use, sell, or possess any illegal drugs nor illegally misuse prescription drugs. In exchange I will be eligible for all CAN membership benefits.

I pledge that if I violate this promise I will voluntarily give up my membership in CAN.

I understand that if I am a CAN Member and CAN has a significant reason to suspect that I am violating my promise to be drug-free the following events will occur:

- My parents will be contacted by an adult representative of the CAN program about the suspicions and my parents will be involved with resolving the issue
- CAN will request a drug test to determine if I am violating my promise
- I can choose to not take the drug test and thereby give up my membership in CAN
- I can choose to take the drug test and the results will determine my CAN Membership. If I choose to take the drug-test, the results will only be seen by my parents and an adult-representative of the CAN Committee.

I understand that my membership in CAN will automatically continue as long as I keep my promise to remain drug-free and am a student in Cody schools.

I understand that I can quit CAN any time I want with no questions asked.

“I understand what it means to be a CAN Member. I promise to be drug-free!”

Sign Your Name: _____ Today's Date: _____

Print Your Name: _____ Grade: _____ School: _____

DO NOT FILL OUT THIS CONTRACT AT HOME. This is a legal document and must be filled out in front of a notary public. This can be done for FREE at any of the schools in Cody (just ask at the front office). Notaries are also found in banks, at the courthouse, and many businesses. If you have any questions or comments about the program, please email canboard@codycan.com

CONTRACT VER 2017-03-14

WHAT IS CODY CAN?

Cody Change Attitudes Now (“Cody CAN”) is a student organization dedicated to promoting positive choices and reducing illegal drug use in Cody. Students can join CAN by signing this promise to remain drug free (parents must also sign the contract to indicate their support for their child’s decision). If you choose to join CAN you will be eligible to attend CAN events, get discounts at businesses around Cody, and many other benefits offered by the CAN program. More than 80% of students in Cody have joined CAN by promising to lead drug-free lives. If you feel like this is right for you, complete this contract with your parents and return it to the office!

CODY CAN PARENTAL AGREEMENT (THIS MUST BE SIGNED BEFORE A NOTARY PUBLIC)

We/I, the parent(s)/guardian(s) of the minor _____
(hereinafter referred to as "Student"), consent that Student may be a member of Cody Change Attitudes Now.

We/I agree to hold Cody High School, including, but not limited to, any and all administrators, teachers or board members of Cody High School and/or Park County School District No. 6, student and associate members of CAN, authorized designees of CAN, and CAN Inc. harmless from and against loss, liability, damage or expense, personally or otherwise, including legal fees and costs, if any, arising out of any claims, demands, penalties, fines, or other loss or injury resulting directly or indirectly from participation in the CAN program.

We/I understand that if CAN has a significant reason to suspect that Student is violating their promise to be drug-free, an adult representative of CAN will contact us/me regarding the suspicion. If this happens Student can voluntarily quit CAN, or can take a drug test paid for and administered by a designee of the CAN Committee. The results of the drug test will be seen only by us/me and an adult representative of CAN, and will determine whether Student can continue CAN Membership.

We/I understand that in the unlikely event a drug test is requested and performed, the following release applies which allows the adult CAN representative to view the results of the drug test:

Authorization for Release of Drug Test Results to CAN Faculty Sponsor

We/I hereby authorize the release of drug test results for illegal drugs, including misuse of prescription drugs, on the above named minor by any and all physicians, hospitals, clinics, other medical or psychological treatment facility, and/or individuals, relating to any drug tests requested by the CAN Committee, to the Faculty Sponsor of the Cody CAN Committee, 1225 10th Street, Cody, WY 82414.

This authorization shall continue as long as my child is a CAN Member. A photo static copy shall serve in the same stead as the original.

"We/I support our/my student's decision to live a drug-free life and allow our/my student to become a member of CAN. We/I understand the rules of CAN as presented in this contract."

DO NOT SIGN THIS AT HOME. THIS MUST BE DONE BEFORE A NOTARY PUBLIC (BRING IT TO SCHOOL, AND THE SECRETARY WILL DO IT FOR FREE)

Parent/Guardian Signature

Additional Parent/Guardian Signature (optional)

DATED this _____ day of _____, 201__

do not write below this line; this space for use by notary public only

I certify that this document was
subscribed and sworn before me by _____,

this _____ day of _____, 201__.

Notary Public Signature

My Commission Expires