

Worlds of Words Reading Ambassador Parent/Guardian Permission and Consent Forms

Dear Families,

We welcome your child and you to the Worlds of Words Center, University of Arizona College of Education community! We are pleased that your child chose to participate in the Reading Ambassador program for middle school students and want to assure you that we are committed to making this a rich and rewarding educational experience. We also recognize that this may be your child's introduction to college. We are available anytime should you or your child have questions about this educational experience or any other aspect of the Worlds of Words Center.

We are also requesting a marketing release, explained below. Your child will sign an agreement to participate in the program that, among other things, outlines our expectations. Additionally, your child will complete an emergency contact sheet along with other forms required by the U of A Office of Youth Protection. There's a ton of paperwork, and we appreciate your patience with it. Thank you for making us a part of your child's education.

Rebecca Ballenger
Associate Director

PERMISSION TO PARTICIPATE, YET HOLD HARMLESS

I, the parent/guardian of _____, hereby give my permission for my child to participate in the Worlds of Words Reading Ambassador program including the course materials, online platforms for organization and communication, trips (if any), and enrichment activities. I understand that my child is expected to independently share with their friends and classmates their experiences with the books they read and other enrichment activities as part of this program. I also understand that my child is learning in a university environment and may be exposed to the same content that is taught to university students.
Finally, I recognize and agree to the monthly attendance commitment.

I agree not to hold my child's school or any of its employees or Worlds of Words, the College of Education, the University of Arizona or any of its employees responsible for any expenses or injuries that my child may incur while engaged in this activity. I understand that my child is responsible for his/her/their behavior at all times. I agree that in the event of an injury, Worlds of Words personnel in charge of this activity may act on my behalf in obtaining medical treatment for my child.

Signature of Parent/Guardian: _____ Date: _____

AMBASSADOR AGREEMENT TO FULLY PARTICIPATE

I, _____, hereby agree to the terms of the Reading Ambassador program. These terms include meeting once a month, reading the assigned book, participating in the enrichment exercises and online activities, recording the WOW Reads podcast, and conducting outreach to my peers. I understand that I am expected to independently share with my friends and classmates my experiences with the books I read and other enrichment activities as part of this program. I also understand that I am learning in a university environment and may be exposed to the same content that is taught to university students. I understand that it is my obligation to communicate directly with the program staffers and will do so over a Discord public post, email to wow@arizona.edu or text that includes at least two adults. Further, I will receive a certificate of completion if, and only if, I attend and participate in at least 80 percent of the meetings. Below that threshold, participation is still welcome and recognized.

I will secure all permissions necessary from my school's administration before distributing or posting any promotional flyers or posters at my school or tagging my school on social media. I will contact my school librarian (or equivalent) to explain our program and deliver a copy of each book I read as part of the Reading Ambassador program and coordinate promotional efforts with the librarian (or other administrator) if possible.

I will carefully think about the messages I send, both oral and written, in person and online, about the initiative, Worlds of Words, and myself to ensure the safety of my fellow ambassadors and myself. I understand that my work as an ambassador, including photos, art, and/or writing, will be used in promoting the initiative.

I understand that I am responsible for my behavior at all times.

Signature of Ambassador: _____ Date: _____

[] Parent/guardian initials

CONTENT PUBLICATION RELEASE

We are sending you this parental consent form to both inform you and request permission for your child's photos, images, writing, audio/video recording, or other Content and name to be published on the Worlds of Words public website, podcast, promotional activities and collateral, and social media feeds. As you are aware, there are potential dangers associated with the posting of personally identifiable information on a website since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we want to celebrate your child and his/her/their work. The law requires that we ask for your permission to use information about your child. Pursuant to law, we will not release any personally identifiable information without prior written consent from you as a parent or guardian. Personally identifiable information includes child's full name, residential addresses, email addresses, and phone numbers. It is our policy to keep contact information (residential addresses, email addresses and phone numbers) strictly confidential. We may, however, want to include photos highlighting your child's work or school on our website and in our publications, and seek your permission to do so.

By signing below, I acknowledge, agree and grant the following permissions to the Worlds of Words Center and the University of Arizona:

- Worlds of Words and the University of Arizona may use, edit, publish, reproduce, distribute, or otherwise disseminate the Content for its educational, research, commercial, or promotional purposes in any media including websites, print, radio, television, podcasting, or other existing or future-developed media.
- I will not receive compensation related to the use of the Content nor will I have the right to edit or control the Worlds of Words or University of Arizona use.
- I agree to release the Worlds of Words and University of Arizona from any and all claims related to the use of the Content. This means that I will not assert a claim against the Worlds of Words or the University of Arizona in connection with its use of the Content or claim the Worlds of Words violated any of my rights related to the Content or the use of my child's name, image, or likeness included in the Content.
- I have read this Consent and Release and fully understand and agree with its terms.

Please indicate only one of the choices below by writing your initials in the box:

[] I/we GRANT permission for Content and first name with school to be published on the Worlds of Words and/or University of Arizona public internet or other media and to allow my child to post their work with Worlds of Words or University of Arizona on their own online accounts.

[] I/we DO NOT GRANT permission for Content and first name with school to be published on the Worlds of Words or University of Arizona public internet or other media and to allow my child to post their work with Worlds of Words or University of Arizona on their own online accounts.

Student's Name: (Please Print) _____

Parent/Guardian's name: (Please Print) _____

Signature of Parent/Guardian: _____ Date: _____

MINOR SELF-TRANSPORT AUTHORIZATION FORM

If you consent for a minor, who must be at least 14 years old, to sign themselves in and out of the Program or Activity, please fill out and sign this form.

I, _____ (Parent/Legal Guardian Name), do hereby give my consent for
_____ (Minor's Name), who is at least 14 years old, to sign themselves in
and out of, and transport themselves to and from the Reading Ambassador program.

I understand that after the Minor signs out, the University of Arizona will not supervise the Minor. I understand that there are certain risks inherent in a minor signing themselves in and out, leaving the Program or Activity, and travelling to another destination without adult supervision, and I assume these risks on behalf of the Minor. Such risks may include, without limitation, criminal acts of third parties, road/traffic safety hazards, and the Minor not following my instructions on where to go. I represent and warrant to the University of Arizona that I have instructed the Minor on safe practices and discussed how and where the Minor is to go after they sign themselves out of the Program or Activity and that, as the Minor's parent/legal guardian, I am of the opinion that the Minor is mature enough to sign themselves in and out of the Program or Activity.

On behalf of myself and the Minor, I hereby unconditionally and irrevocably release, hold harmless, and agree to fully indemnify the University of Arizona from and against any and all lawsuits, claims, demands, actions, suits, causes of action, liability, losses or damages, and any fees/expenses/costs, of any kind whatsoever (including attorneys' fees and costs), whether known and unknown, that may arise from or are related to the Minor signing themselves in and out of the Program or Activity without an adult and traveling to another destination without adult supervision.

By signing below, I acknowledge that I have carefully read, understand, and voluntarily agree to the above assumption of the risk, release, waiver, indemnity, and other terms of this University of Arizona Minor Self-Transport Authorization Form.

Name of Parent/Legal Guardian (Printed) _____

Signature _____

Date _____

BEHAVIORAL EXPECTATIONS OF MINORS

The University of Arizona encourages an environment of mutual respect among participants, volunteers, staff, and faculty. The following describes the minimum expectations for minors during university programs or activities.

Minors are expected to follow all university policies as well as the expectations below:

- Follow Program/Activity expectations, directions, and rules.
- Dress in accordance with Program/Activity expectations.
- Remain on event property or with the group at all times.
- Not host guests in university-owned or university-provided overnight accommodations without express permission from Program/Activity staff.
- Treat everyone with respect; not engage in discrimination, including harassment or retaliation; not engage in threatening, intimidating, physically injuring, or stalking others, or damaging others' property.
- Communicate virtually/electronically with Program/Activity staff only for programmatic reasons and only using official channels (e.g., Program/Activity website, Program/Activity social media pages) established by the Program or Activity for such purposes. Virtual/electronic interactions include the use of any technology (e.g., email, text, learning management systems, social media, video calls, telephone calls).
- Ensure that virtual backgrounds are free of inappropriate materials and visual images.
- Use audio or video recording devices only if approved by the Program/Activity for purposes consistent with authorized activities.
- Not bring any prohibited items to activities and events, including tobacco, alcohol, drugs, illicit material, and weapons.
- Not bring firearms or other weapons to any Program/Activity site unless carry and use of such firearms or weapons is a part of officially sanctioned activities.
- Abide by all state and federal laws.
- Report any abuse or neglect committed against a minor during Program activities to Program/Activity staff.

In order to promote the health and safety of all involved, participation by a minor may be terminated at the discretion of Program/Activity staff if a minor does not abide by the above expectations, and/or additional expectations set by the Program/Activity.

I consent for the above-named Minor to participate in the above-name Program/Activity.

I have read, understood, and discussed the above expectations with the Minor.

Name of Parent/Legal Guardian (Printed) _____

Signature _____ Date _____

PARENT/LEGAL GUARDIAN FORM

PROGRAM INFORMATION

Program/Activity Name – Reading Ambassador Program

First Day of Program/Activity – August 23, 2025

Last Day of Program/Activity – May 16, 2026

CONTACT INFORMATION

Minor

First Name _____ Last Name _____

Date of Birth (Month/Day/Year) _____

Home Address _____

Parent/Legal Guardian

Name _____

Primary Phone Number _____

Secondary Phone Number _____

Email _____

Emergency Contact

Name _____

Relationship to Minor _____

Primary Phone Number _____

Secondary Phone Number _____

People Other than Parent/Legal Guardian Authorized to Drop Off/Pick Up Minor

Name _____

Relationship to Minor _____

Phone Number _____



College of Education

College of Education
Department of
Teaching, Learning &
Sociocultural Studies

P.O Box 210069
Tucson, AZ 85721-0069
520-621-2928
Fax: 520-621-1853

Name _____

Relationship to Minor _____

Phone Number _____

If your child has a medical issue or an allergy that we should be aware of, or if you have any other questions or concerns, please include them here:

Please include any other information that may pertain to medical treatment such as preferred emergency hospital, name of insurance provider, date of last Tetanus shot, current medications, and pediatrician's telephone.

I (we) hereby authorize a representative of Worlds of Words to consent to any medical care and treatment for _____ (Child) that is recommended by a licensed healthcare provider to whom the Child is presented for treatment. In order to ensure that the Child receives prompt medical care and treatment when necessary, I (we) hereby release any licensed health care provider providing medical care to the Child in reliance of this form from liability relating to such provider's acceptance of my (our) substitute care giver's consent.

Parent's Signature

Date

HELP US GET TO KNOW YOU

Ambassador Name and Nickname if Applicable: _____

Ambassador Pronouns: _____

Mobile Phone: _____ Email: _____

Preferred form of contact (circle): Text message or Email
(We heavily rely on email but will do our best to accommodate requests.)

School: _____

Name of the librarian/English Language Arts teacher you plan to approach as a partner:

GUIDELINES AND HELPFUL INFORMATION

Worlds of Words

Worlds of Words is committed to creating an international network of people who share the vision of bringing books and children together, thereby opening windows on the world. We encourage thoughtful dialogue around global literature so that children can reflect on their own cultural experiences and connect to the experiences of children across the globe.

Worlds of Words Center for Global Literacies and Literatures is a center within the University of Arizona College of Education. The collection holds 40,000 books and original art from published picturebooks. The space includes our main collection, special collections room, classroom, studio, and several private work areas. The space is open to the public from 9 a.m. to 5 p.m., Monday through Friday, and 9 a.m. to 1 p.m. on Saturday during the school year. We follow the U of A vacation and holiday schedule.

Worlds of Words follows all the guidelines outlined by the CDC, Federal, State, Local, and U of A, and U of A COE. Please do not attend events in the center if you are sick or have symptoms of a potentially contagious illness. We encourage masks and social distance for those who require or prefer those safety measures and sanitized hands for everyone.

In addition to the literature discussions and author visits Reading Ambassadors participate in, Worlds of Words offers free programming for the public all year around. Please feel free to join us at any of our author/illustrator workshops for younger children, exhibits, and other events. Worlds of Words also offers free tours and school field trips.

Worlds of Words has extensive online content for preservice teachers, teachers, teacher educators, and others who share our interest in global stories for young people. This includes three peer-reviewed academic journals, a blog with five distinct features, and a catalog of international books. All these online resources are available free to the public.

Office of Youth Protection

All personnel overseeing the Reading Ambassadors have been through a background check through UAPD. Additionally, we have gone through youth safety training through U of A and are up-to-date on certifications such as CPR for children. For questions about policies regarding unenrolled minors on the U of A campus, please contact the Office of Youth Protection at youthprotection@arizona.edu.

Sanctioned Activity

While Reading Ambassadors are encouraged to promote reading as part of their experience, the only sanctioned activities take place during scheduled meetings.

Reading List

Reading Ambassadors will soon begin participating in literature discussions. We will work in whole groups and small groups to discuss books in depth. By participating in literature discussions students are able to engage in critical thinking and reflection as they read, discuss, and respond to books.

Typically, Reading Ambassadors have a choice in the books they choose and so we can't always give parents/guardians advance notice. For this reason, we encourage parents/guardians to stay engaged with their children regarding the program. In this way, parents/guardians can approve readings if they feel it necessary, but also this will allow Reading Ambassadors a chance to practice their advocacy for reading. Books are typically selected based on thematic connections, student interest, and author availability. These selections will also be read by personnel overseeing the Reading Ambassador program. However, because some of the books may contain mature content, we want parents/guardians to be engaged.

To help you get to know the types of books selected by Reading Ambassadors and program coordinators, please see the following list of books/authors we encountered in previous programming. Parents/caregivers are encouraged to do further research on these books.

Middle School Reading Ambassadors

- [*Across the Desert*](#) by Dusti Bowling
- [*Alebrijes*](#) by Donna Barba Higuera
- [*Aru Shah and the End of Time*](#) by Roshani Chokshi
- [*Born Behind Bars*](#) by Padma Venkatraman
- [*Buffalo Dreamer*](#) by Violet Duncan
- [*Clarice the Brave*](#) by Lisa McMann
- [*Distress Signal*](#) by Mary E. Lambert
- [*The Hidden Knife*](#) by Melissa Marr
- [*The Kingdom Over the Sea*](#) by Zohra Nabi
- [*A Little Like Waking*](#) by Adam Rex
- [*The Many Assassinations of Samir, the Seller of Dreams*](#) by Daniel Nayeri
- [*Miracle*](#) by Karen S. Chow
- [*The Plentiful Darkness*](#) by Heather Kassner
- [*The Strange Case of Harleen and Harley*](#) by Melissa Marr
- [*A Strange Thing Happened In Cherry Hall*](#) by Jasmine Warga
- [*Under the Broken Sky*](#) by Mariko Nagai

Reading Ambassadors will select three to four authors at orientation for Worlds of Words to approach about a discussion with ambassadors. Additionally, Reading Ambassadors may moderate a session at the

Tucson Festival of Books. Reading Ambassadors may select an author or illustrator who committed to the festival. Reading Ambassadors may also be asked to participate in other reading promotions.

Predicted Schedule for Ambassadors

August 23, 2025: Orientation, 10 a.m. to 1 p.m.

September 27, 2025: Lit Discussion, 9:30 a.m. to 12:30 p.m.

October 18 or 25, 2025: Author Event & Podcast Recording, 9:30 a.m. to 12:30 p.m.

November 15, 2025: Lit Discussion, 9:30 a.m. to 12:30 p.m.

December 6 or 13, 2025: Author Event & Podcast Recording, 9:30 a.m. to 12:30 p.m.

February TBD, 2026: Lit Discussion, 9:30 a.m. to 12:30 p.m. or

March 15 and 16, 2026: Tucson Festival of Books

April TBD, 2026: Read-A-Thon, 10 a.m. to 2 p.m.

May TBD, 2026: Author Event, Certificate Presentation, & Podcast Recording, 10 a.m. to 3 p.m.

Please indicate that you have received, understood, and approved this additional information.

Ambassador (Print Full Name)_____

Ambassador Signature_____ Date: _____

Parent/Guardian (Print Full Name)_____

Parent/Guardian Signature_____ Date: _____

**UNIVERSITY OF ARIZONA
ASSUMPTION OF RISK AND RELEASE AGREEMENT**

THIS IS A RELEASE OF LEGAL RIGHTS – DO NOT SIGN UNLESS YOU HAVE READ AND UNDERSTOOD.

Activity: Reading Ambassador Program

1. Types of Activities. In this program, 6th through 8th graders will read books; respond to books; discuss books in a podcast; plan, host, and attend events around books.
2. Time and Dates of Activities. Time and dates are dependent on staffing and author availability and may change. Current planned dates for the 2025/26 cadre are:
 - August 23, 2025: Orientation, 10 a.m. to 1 p.m.
 - September 27, 2025: Lit Discussion, 9:30 a.m. to 12:30 p.m.
 - October 18 or 25, 2025: Author Event & Podcast Recording, 9:30 a.m. to 12:30 p.m.
 - November 15, 2025: Lit Discussion, 9:30 a.m. to 12:30 p.m.
 - December 6 or 13, 2025: Author Event & Podcast Recording, 9:30 a.m. to 12:30 p.m.
 - February TBD, 2026: Lit Discussion, 9:30 a.m. to 12:30 p.m. or
 - March 15 and 16, 2026: Tucson Festival of Books
 - April TBD, 2026: Read-A-Thon, 10 a.m. to 2 p.m.
 - May TBD, 2026: Author Event, Certificate Presentation, & Podcast Recording, 10 a.m. to 3 p.m.

Location: University of Arizona College of Education, 1430 East Second Street.

In consideration of my ability to participate in the Activity provided by the University of Arizona and its governing board, officers, employees, and agents (collectively the “University”), I hereby agree as follows:

- 1. Risks of Participation.** I fully recognize that there are inherent dangers and risks to which I may be exposed by participating in the Activity and by using the equipment, facilities, and related services provided by the University. These risks include (but are not limited to):
 - Injuries and medical disorders, including heart attack, stroke, heat stroke or exhaustion, sprains, broken bones, torn muscles, torn ligaments, nerve damage, eye injury, tendonitis and brain or spinal cord injuries.
 - Additional non-obvious inherent dangers that may be associated with the Activity include: inversion and rotation of the body that could result in serious injuries.

I understand that these risks may arise from my own actions or inactions, those of other participants, or those of the University, and that they may cause serious bodily injury, sickness, permanent disability, paralysis, or death, as well as pain, suffering, lost income, medical expenses, and other losses.

- 2. Voluntary Participation.** I understand that the University does not require me to participate in the Activity; I want to participate voluntarily and with full knowledge of the inherent risks (including those listed above), and despite the possible dangers and despite this Release Agreement.
- 3. Health, Safety, & Conduct.** I understand that the University has taken steps to provide a safe Activity, and that in spite of those efforts, an accident or injury may occur. I have a shared responsibility for safety and, in order to minimize the possibility or severity of injury (among other things), will comply with (1) the University’s policies, codes, and rules that apply to me, (2) any rules specific to the Location, and (3) all instructions provided. I understand that the University has no control over the operations or premises of the Location.

[Initial: _____] I agree to inspect the equipment and facilities prior to participating, and to immediately report any unsafe conditions to the University and immediately discontinue use.

I understand that medical personnel are not available at the Location. I authorize the University to obtain emergency medical treatment for me and understand and agree that the University is not responsible for any injury, damage or cost arising out of or in connection with such emergency medical treatment. I have arranged, through medical insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Activity.

[Initial: _____] I am physically and mentally able to participate in the Activity. I have consulted with a medical doctor about my personal medical needs. Other than as I have provided in writing to the organizer of the Activity, there are no health-related reasons or problems that preclude or restrict my participation in this Activity.

I understand that the University is not obligated to transport me as part of the Activity. I will carry my own automobile insurance if I will be driving to, from, or during the Activity.

- 4. Assumption of Risk, Covenant Not To Sue, and Release of Claims.** Knowing the risks inherent in the Activity, including engaging in instruction and conversation in classroom and podcast studio settings and those described above, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities associated with my participation in the Activity. To the maximum extent permitted by law, I **release, discharge, and covenant not to sue University** from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, in connection with my participation in the Activity. I further agree that if I or anyone on my behalf makes a claim against the University, **I will indemnify, save, and hold harmless the University** from any litigation expenses, attorneys' fees, loss, liability, damages, or costs that are incurred as the result of such claims. The foregoing release includes, but is not limited to, any claims arising out of my own actions or inactions (including but not limited to my failure to follow policies, rules or instructions), those of third parties, or those of the University. This release also includes any claims that arise at a time when I am not under the direct supervision of the University or that are caused by my failure to remain under such supervision. **I understand that the foregoing release means, among other things, that I cannot sue or recover anything from the University if anything happens to me or to my property while preparing for or participating in this Activity.**

I understand that if I have any questions about this Release Agreement or the risks inherent in the Activity, I can discuss them with an Authorized Representative of Worlds of Words, the U of A Office of Youth Protection, or other U of A legal representative.

I, _____, have carefully read and fully understood this Release Agreement before signing it, and have had the opportunity to have any questions answered. I understand that I have given up substantial rights by signing it and have signed it freely and without inducement or assurance. I intend this agreement to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree

that if any portion is held to be invalid, the remainder shall survive in force. This agreement shall be governed by the laws of the state of Arizona, which shall be the forum for any related lawsuits.

Participant Name: _____ *(please print)*

Date of Birth: ____/____/____ (Mo/Day/Year) *(If under 18, a parent/legal guardian must also read, understand & sign)*

x _____
Signature of Participant Date

And I, _____, the minor's parent or legal guardian, understand the nature of the Activity and accept the risks described above. I am aware of the minor's experience and capabilities and believe the minor to be qualified, in good health, and able to participate. By affixing my signature below, I agree to all the terms of this Agreement with respect to both myself and the Participant.

x _____
Signature of Participant's Parent/Guardian (if Participant is under age 18) Date