



**ASS WHIPPING WAIVER**

## **The Black Unicorn Youth Program Ass Whipping Waiver and Consent Form**

### **Program Description:**

The Black Unicorn Youth Program is a specialized initiative designed for African American boys and girls in the 9th and 10th grades. The program includes participants from various regions of the United States and aims to foster leadership, personal development, cultural awareness, and academic success.

### **Purpose of the Waiver:**

As part of the program, The Black Unicorn Youth Program may employ reasonable methods of discipline, including corporal punishment, when deemed necessary for maintaining order and promoting the best interests of the youth in the program. This waiver outlines the terms of parental or guardian consent for such discipline.

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### **Waiver and Consent for Use of Corporal Punishment**

I, **[Parent/Guardian's Full Name]**, as the parent/legal guardian of **[Child's Full Name]**, hereby grant permission to The Black Unicorn Youth Program and its authorized representatives to employ reasonable forms of corporal punishment, including but not limited to physical discipline, in accordance with the program's policies and in the best interests of the child's development, behavior, and well-being.

### **Terms of Consent:**

#### **1. Scope of Corporal Punishment:**

I understand and agree that "reasonable corporal punishment" refers to non-excessive physical discipline that is designed to correct behavior in a constructive manner. This may include physical actions such as light spanking, hand-to-hand contact, or other non-injurious methods, administered in a controlled and respectful environment.

#### **2. Limitations:**

I acknowledge that The Black Unicorn Youth Program will not engage in physical punishment that results in physical injury, emotional trauma, or mental harm. All methods of discipline will be carried out by trained staff with respect for the dignity and safety of the youth.

#### **3. Purpose:**

The primary objective of any disciplinary action will be to promote positive behavior, uphold program values, and support the development of personal responsibility and respect for others.

#### **4. Voluntary Consent:**

I voluntarily agree to this waiver, understanding that corporal punishment may be used as a last resort when other disciplinary measures have proven ineffective.

**5. Release of Liability:**

I release The Black Unicorn Youth Program, its staff, and any affiliated entities from any legal claims, demands, or causes of action that may arise from the reasonable use of corporal punishment as outlined in this waiver.

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**Acknowledgment**

By signing below, I acknowledge that I have read and understood the terms of this waiver. I fully agree to the policies regarding corporal punishment as described above and consent to my child's participation in The Black Unicorn Youth Program under these terms.

**Parent/Guardian Full Name:** \_\_\_\_\_

**Relationship to Youth:** \_\_\_\_\_

**Youth Full Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

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**Witness My Seal,**



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