



# School Affiliation Agreement

## School or District Info

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School or District Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address (Street, city, state, zip) \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Email: \_\_\_\_\_

## Agreement

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By initialing and signing below, I **acknowledge** that I am an authorized representative of the school or district (hereinafter called "School") listed above; and on behalf of the School, I have carefully **read**, fully **understand**, and **agree** to the following:

- \_\_\_\_\_ *Initials*
1. **Program Integrity:** School **understands** that Hope Squad® offers an educational, school-based, peer-to-peer program and accompanying curriculum (hereinafter called "Program"). School understands that the Program is **NOT** a therapy model and does not replace care needed from a mental health professional.
    - a. **Program:** School **agrees** to follow all Program guidelines and **understands** that failure to follow all aspects of the Program may compromise the success of the Program. Furthermore, Hope Squad's Program may not be perfectly suited to every student, and the decision to participate is up to School administration, School Advisor(s), and parent(s)/guardian(s) of students.
    - b. **Training: School agrees to provide at least one (1) Advisor with training time and financial support, as outlined in the Program.** Relative to school size, Hope Squad® recommends additional Advisor(s) be trained and participate in the facilitation of the Program. All Advisors must complete the Hope Squad® Licensed Advisor Training (hereinafter called "Training") before teaching Program curriculum and subsequently participate in recurring Trainings as provided by Hope Squad® Master Trainers.
    - c. **Squad Members & Nominations: School agrees to follow Program guidelines for Hope Squad® member nominations.** School understands that even if a student receives a large number of nominations, some students may not be a good fit to serve as a Hope Squad® member. The final decision on Squad members should ultimately be decided by School administration and School Advisor(s) and then, should be dependent on parental permission (i.e. parents must sign the *Parent Permission & Release* form before Squad members may participate).
    - d. **Research & Data Collection:** School **agrees** to provide data needed by the Program including, but not limited to completing pre and post-surveys and the Hope Squad Data Collection form.
      - i. School and/or District may opt-out of this requirement by contacting a Hope Squad employee and providing this information in writing. School and/or District acknowledges that they are forfeiting data feedback by opting out of this request.

## 2. Program Intellectual Property (IP)

Initials

- a. **Non-transferrable:** School **understands** that because the curriculum is taught on an individual school basis, this Agreement authorizes access to Hope Squad's Program for this School or for the specific schools designated by the District as part of this Agreement. Furthermore, only Licensed Advisors may have access to the curriculum and password-protected resources. School **agrees** never to share, reproduce, or transfer any part of the Program to another school, organization, or individual.
- b. **Copyright:** School **understands** that Hope Squad® IP is copyrighted and protected by U.S. copyright laws. Hope Squad's name, logo, and related trademarks are licensed and protected under U.S. Trademark law. School **understands** that the school may only use Hope Squad's IP in connection with the Program.
- c. **Promotional Materials & Swag:** School **understands** that Hope Squad® requires schools to utilize designated vendors for all promotional materials and swag (e.g. t-shirts, posters, buttons, lanyards, graduation cords, etc.).

## 3. Program Commitment & Cost

Initials

- a. **Long-term Commitment:** School **understands** that the Program and its curriculum build upon itself each year. To the extent funds are made available and appropriated for this purpose, School commits to administering the Program for a minimum of 3 years for an elementary school or jr. high/middle school, or 4 years for a high school. School **understands** that after this initial Program period, Program membership renews annually for a nominal membership fee required to maintain access to the Program's curriculum and resources. School **understands** that the annual membership fee may increase minimally over time as needed to support the same level of services provided by Hope Squad®.
- b. **Program Cost & Payment:** School **agrees** to pay all Program costs upon invoice as outlined below and **understands** that failure to pay as agreed upon will result in forfeiture of the Program.

4. **Program Partners:** Because the Program is likely to be a success when the school closely partners with communities and mental health agencies/resources, **School agrees to use its best efforts to secure and maintain the commitment and buy-in from various Program stakeholders**, including, but not limited to, School administration, Program Advisor(s) (hereinafter called "Advisor(s)"), parent(s)/guardian(s), students, communities, and mental health agencies.

Initials

- a. **QPR:** School agrees to have at least one Advisor complete the Certified QPR Gatekeeper Instructor Training at a cost of \$495. This one-time training cost is not included in annual curriculum fees. This requirement applies only to secondary schools. For more information, visit (<https://qprinstitute.com/become-an-instructor>). It is the responsibility of individual schools to ensure that this certification is up-to-date at all times.
- b. **Mental Health Partners:** School **agrees** to develop and maintain an active and close partnership with at least one (1) local mental health agency or organization (e.g. health department, hospital, private provider, etc.) and develop a clear referral process that will make access available to local mental health resources.
- c. **Link to Hope Squad Website:** School agrees to link to the Hope Squad website from their school or district site.

## School Authorization & Release

**THANK YOU** for partnering with Hope Squad's mission to **reduce youth suicide through education, training, & peer intervention.**

By signing below, I **acknowledge** that I am an authorized representative of the School or District ("School") and have carefully **read**, fully **understand**, and **agree** to this *School Affiliation Agreement* (hereinafter called "Agreement") in its entirety.

I **acknowledge** and **agree** that this Agreement constitutes the entire agreement between Hope Squad® and the School, including any oral understandings and that this Agreement may not be reassigned by the School, but is binding on all successors. I **understand** that this Agreement is construed under the laws of Utah and if any provision is held to be invalid, it shall not affect remaining provisions of the Agreement.

Furthermore, as the School's authorized representative, I **understand** that this Program is evidence-based under the partnership with the QPR Institute and that the Program may not prevent all suicides. In the absence of negligence or gross negligence by an employee of Hope Squad®, the school and/or District so hereby **release, discharge, absolve, and forever hold harmless** Hope Squad® and subsidiaries, affiliates, officers, employees, contract personnel, nonprofit partners, corporate and individual sponsors, and all other associates, from any and all claims and liability arising out of the School's Program participation; and that this release applies to any and all suits, actions, or causes of actions at law, claims, demands, or liabilities which the school, school district, or related school governing organizations, successors, or executors have now or may ever have, resulting directly or indirectly from the School's Program participation.

\_\_\_\_\_  
Contact Signature



\_\_\_\_\_  
Hope Squad Representative

\_\_\_\_\_  
Print Name

**Dr. Gregory A. Hudnall**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Hope Squad® Commitment

In return, Hope Squad® commits to partner with School and provide\*:

1. State-of-the-art Program curriculum, presentations, videos, mental health information, and other resources applicable to grade level.
2. Tailored Advisor training as mutually arranged (e.g. in-person, via Zoom, self-paced online).
3. Survey data results to School administration and Advisors from pre and post-surveys, Data Collection forms, and any other data source available, to contribute to the continuous improvement of school programs.
4. An International Conference for Advisors and Hope Squad® members.
5. Monthly newsletters for Advisors, monthly mental health newsletters for parents/communities, regular messages of hope, and more.
6. Program implementation and maintenance support and technical support with online Advisory and Member portals and other resources available (e.g. Advisor Support Calls & National Council Support Calls).

*\*Hope Squad® is always evaluating and refining its Program offerings, so Program offerings are subject to change at Hope Squad's full discretion.*