



HealthCorps, Inc.
Program: Teens Make Health Happen
Memorandum of Understanding

Date: 05/04/2026

District Information (Complete if this agreement is with the school district)

District: Ada City Schools Superintendent: PAT LITCKER

District Address: 324 W 20th St

City: Ada State: OK Zip: 73036

District Contact Name & Title: McKayla Plett - Principal

Contact Email: mckayla.plett@adapss.com Phone: ⁵⁸⁰~~405~~ () 310 -7260

District Participation:

This MOU applies to **all schools within the district.**

If any district schools are **excluded** from participation in HealthCorps programming, please list them below (If needed, attach additional document listing excluded sites):

Site Information (Complete if this agreement is with a single school site)

Site Name: Ada Junior High School Principal/Admin: McKayla Plett

Site Address: 223 W. 18th

City: Ada State: OK Zip: 74820

Site Contact Name & Title: Shelby Davis

Contact Email: daviss@adapss.com Phone: (580) 310 -7260



ABOUT HEALTHCORPS AND TEENS MAKE HEALTH HAPPEN

HealthCorps is a non-profit organization dedicated to educating youth around wellness, driving positive health outcomes and empowering youth with tools that create resilience in their life.

HealthCorps' Teens Make Health Happen (TMHH) is a year-long program aimed at providing teens the skills and knowledge to make health a priority in their lives as well as the lives of those in their community.

Hosted weekly by one of our HealthCorps college-aged mentors, either in a classroom or an after-school club setting, TMHH is a weekly health and wellness program that integrates Educational Programming, Leadership Opportunities and Service Learning.

TMHH participants will:

1. Learn the foundations of health and wellness in a teen-relevant and engaging way,
2. Disseminate their knowledge to their peers by hosting monthly health-promoting activities on their sites,
3. Develop their own solutions to a real health problem in their community, and
4. Have the opportunity to showcase their innovative Health Promoting Events to the community at a Regional Health Fair event.

Please review the appendices to this memorandum, which set forth HealthCorps' deliverables in connection with the Program as well as the program costs. The district or site identified above ("District"/"Site") agrees to participate in the Program and to support HealthCorps Staff in the effective delivery of the TMHH program series.

In partnership with Site staff, HealthCorps will execute the following program components at the Site:

- Facilitate weekly TMHH sessions, each session lasting approximately 1 hour either during or out of the classroom or in an afterschool setting;
- Partnered sites will receive an overview of HealthCorps' research-based curriculum;
- Support students and/or near-peer mentors in hosting monthly health-promoting campaigns on campus;
- Conduct Program monitoring and evaluation, such as administering and collecting surveys from students and staff².

The Site agrees to:

- Work with HealthCorps Staff and TMHH Program Mentors to recruit club students, as appropriate. A minimum of 5 participants should be recruited in order to maximize student experience;
- Introduce HealthCorps Staff and TMHH Program Mentors to Site and key staff contacts as needed;
- Identify a Club Sponsor that follows all responsibilities outlined in Appendix B;
- Coordinate with HealthCorps Staff and TMHH Program Mentors to ensure a consistent, dedicated room with Wi-Fi and if possible, access to a smart board/projector;
- As needed, assist HealthCorps Staff in completion of HR paperwork required by Site such as background check, fingerprinting, etc. and provide HealthCorps with information



relevant to any specific agencies or vendors that must be used to complete said background checks.

- Distribute HealthCorps Media Release Forms to all parents and assist in collection;
- Allow HealthCorps to collect data for program evaluation and clearly communicate protocol requirements regarding¹;
- Provide HealthCorps with all relevant mandated reporting and emergency procedures to ensure appropriate actions can be taken in the event of an emergency.

¹HealthCorps conducts evaluation, including surveys, in connection with the funding of school-based programs. Public funding of HealthCorps is often dependent on demonstrating the efficacy of the Program in funded sites. HealthCorps will obtain all approvals required for conducting evaluation and will pay all related costs. Certain evaluation initiatives may require the cooperation of sites(s), school district(s), and other appropriate agencies. Any evaluation initiative requiring institutional review board approval will be presented to and approved by all parties pursuant to state and federal laws and evaluation guidelines.

Confidentiality

Confidential Information" means: (i) any personally identifiable information related to the Department of Education (DOE) students, student families or guardians, teachers, staff, agents and/or volunteers obtained by or furnished to HealthCorps and the HealthCorps, Inc. Teen Make Health Happen Program; (ii) any information marked "confidential" or any other information that a reasonable person under similar circumstances would consider to be confidential or proprietary at the time of disclosure, notwithstanding a failure to make it or identify it as such; and (iii) all derived information, findings, analysis, data (personally identifiable and aggregate data), reports or other information learned or developed and based thereon; whether in oral, written, graphic, or machine-readable form. Confidential Information includes, but is not limited to, names, addresses, contact information, site, district, grades or other reviews, scores, analysis or evaluations, records, correspondence, activities or associations, financial information, social security numbers, student identification numbers or other identifying numbers or codes, date of birth or age, gender, religion, sexual preference, national origin, socio-economic status (including poverty indicators), race ethnicity, special education status, or English Language Learner status.

HealthCorps agrees to:

- a. Hold the Confidential Information in strict confidence and not to disclose Confidential Information to any third parties nor make use of such Confidential Information for its own benefit or for the benefit of another, or for any use other than the purpose of this agreement.
- b. Only disclose the Confidential Information to its employees or agents who need to know the Confidential Information, and in those instances, only to the extent justifiable by that need, and ensure that all such entities and personnel comply with the terms of this agreement.
- c. Adhere in every respect to the law, School Board or District policy and regulations concerning confidentiality of personally identifiable pupil records.
- d. Hold all personally identifiable information obtained, learned or developed by HealthCorps confidential pursuant to applicable provisions of the Family Educational Rights and Privacy Act (20 U.S.C. 1232g) and any applicable regulations promulgated thereunder.



- Whenever required by Site and upon termination of this agreement, HealthCorps shall promptly surrender (or destroy if surrender is not practicable) all Confidential Information and all media containing same to the Site and certify, in writing, that all of the foregoing materials have been surrendered or destroyed in accordance with this agreement.
- Unauthorized disclosure of Confidential Information by HealthCorps, its subcontractors, consultants and agents may result in civil and/or criminal penalties under State and Federal laws. Moreover, in addition to all other remedies that DOE may have, the DOE shall be entitled to specific performance and injunctive or other equitable relief as a remedy for any breach of confidentiality.

The term of this memorandum commences on 07/01/2026 and automatically terminates on 06/30/2027 unless earlier terminated in accordance with this memorandum.

Either party may terminate this memorandum upon 60 days written notice to the other party. HealthCorps reserves the right to immediately terminate this memorandum at any time for lack of sufficient funding for the Program, as determined by HealthCorps in its sole discretion. Site acknowledges that the implementation of the Program at all times is subject to the availability of such funding.

This memorandum and all matters arising out of this memorandum, including all tort and fraud claims, is governed by laws of the State of New York, without regard to its conflict of laws principles.

This memorandum contains the entire agreement between HealthCorps and the Site regarding the Program, and supersedes any prior written or oral agreements between the parties. This memorandum cannot be amended except in a writing signed by both parties.



The parties are signing this memorandum of understanding on the date set forth below.

HEALTHCORPS, INC.

Sign: _____

Print: _____

Title: _____

Date: _____

DESIGNATED PARTY

Sign: _____

Print: _____

Title: _____

Date: _____



Appendix A: Media Release Form

PARENTAL PERMISSION MEDIA RELEASE FORM FOR THE 2026/2027 SCHOOL YEAR

Participant Name: _____

Participant Phone Number: _____

School: _____

- Yes, in consideration of Participant being permitted to attend the Teens Make Health Happen program (the "Event"), I hereby consent to the use of Participant's name, image (in any reproduction or simulation thereof), likeness (including caricature), voice, quotes, and biographical data (collectively, "Personal Information") by HealthCorps and its affiliates (including sponsors and partners) (collectively, "Affiliates"), for any purpose HealthCorps deems necessary or desirable (including trade, advertising, or promotion), in any media now known or later developed ("Promotional Media"). With respect to any materials created by Participant during Participant's participation in the Event ("Participant Materials"), I also grant to HealthCorps and its Affiliates the perpetual, worldwide, royalty-free right to use, edit, adapt, modify, reproduce, distribute, publicly perform and display any Participant Materials in any Promotional Media all without prior inspection or further consent of the finished product(s). I understand that HealthCorps and its Affiliates are not obligated to use any Participant Information or Participant Materials and that any use of Participant Information or Participant Materials is without financial remuneration. I hereby waive any right I have or may have to any financial remuneration (including royalties) for any use of Participant Information or Participant Materials. I, for myself, and for my spouse, heirs, dependents, and/or assigns, hereby release, hold harmless, and indemnify (collectively, "Release") HealthCorps and its directors, officers, employees, agents, volunteers, and Affiliates (collectively, "Released Parties"), from and against any and all claims, loss, damage, expense, or cost (including attorneys' fees), direct or indirect, arising out of or in connection with any use of Participant Information (collectively, "Released Claims"). I acknowledge that the Release discharges the Released Parties from any liability or claim against the Released Parties with respect to any Released Claim. I agree not to bring any action against any Released Party for any Released Claim.
- No, I do not consent to the above.

I have read this release and understand and agree with all of its terms and conditions.

If Participant is under 18

If Participant is 18 or over

Date

Date

Name of Parent/Guardian of Participant

Name of Participant

Signature of Parent/Guardian of Participant

Signature of Participant

Address of Parent/Guardian of Participant

Address of Participant

Phone Number of Parent/Guardian of Participant



COMUNICADO DE PRENSA

Nombre del Participant: _____

Numero de Telefono del Participante: _____

Nombre de la Escuela: _____

Sí, en consideración de que el Participante sea autorizado a asistir al programa Teens Make Health Happen (el "Evento"), por la presente otorgo mi consentimiento para el uso del nombre del Participante, su imagen (en cualquier reproducción o simulación de la misma), semejanza (incluida caricatura), voz, citas y datos biográficos (colectivamente, "Información Personal") por HealthCorps y sus afiliados (incluidos patrocinadores y socios) (colectivamente, "Afiliados"), para cualquier propósito que HealthCorps determine necesario o deseable (incluidos fines comerciales, publicitarios o promocionales), en cualquier medio ahora conocido o que se desarrolle en el futuro ("Medios Promocionales"). Con respecto a cualquier material creado por el Participante durante su participación en el Evento ("Materiales del Participante"), también otorgo a HealthCorps y sus Afiliados el derecho perpetuo, mundial y libre de regalías para usar, editar, adaptar, modificar, reproducir, distribuir, ejecutar públicamente y exhibir dicho Materiales del Participante en cualquier Medio Promocional, sin inspección previa ni consentimiento adicional. Entiendo que HealthCorps y sus Afiliados no están obligados a utilizar ninguna Información Personal ni Materiales del Participante y que cualquier uso de los mismos se realizará sin compensación financiera alguna. Por la presente, renuncio a cualquier derecho que tenga o pueda tener a recibir remuneración financiera (incluidas regalías). Por mí mismo/a, y por mi cónyuge, herederos, dependientes y/o cesionarios, por la presente libero, exonero y mantengo indemne a HealthCorps y a sus directores, funcionarios, empleados, agentes, voluntarios y Afiliados (colectivamente, las "Partes Liberadas") de y contra cualquier reclamación, pérdida, daño, gasto o costo (incluidos honorarios de abogados), directo o indirecto, que surja de o esté relacionado con cualquier uso de la Información Personal o de los Materiales del Participante ("Reclamaciones Liberadas"). Reconozco que la versión descarga a las partes liberadas de cualquier responsabilidad o reclamación de las Partes exoneradas con respecto a cualquier reclamación de libertad. Estoy de acuerdo que no se lleve ninguna acción contra cualquier partido lanzado por cualquier reclamación de libertad.

No, doy consentimiento a lo prescrito.

He leído esta versión y entiendo y estoy de acuerdo con los términos y condiciones.

Si el Participante es menor de 18 años

Si el Participante es mayor de 18 años

Fecha

Fecha

Nombre de padre / tutor

Nombre del Participante

Firma de padre / tutor

Firma del Participante

Dirección de padre / tutor

Dirección del Participante

Número de teléfono de padre / tutor



Parent / Guardian Information Sheet — Hoja Informativa Para Padres/Tutores

This sheet explains, in general terms, why your child's school or program may ask you to complete a media release form and what it means for you and your child. Please read both the English and Spanish explanations side by side. Please note that this document is provided for informational purposes only and is not intended to be legal advice.

Esta hoja explica, en términos generales, por qué la escuela o el programa de su hijo(a) pueden pedirle que complete un formulario de autorización de uso de medios y qué significa esto para usted y su hijo(a). Por favor, lea las explicaciones en inglés y en español una junto a la otra. Tenga en cuenta que este documento se proporciona únicamente con fines informativos y no tiene la intención de constituir asesoramiento legal.

Why this form is important	Por qué este formulario es importante
<p>Schools and programs like HealthCorps sometimes take photos, videos, or collect student-created materials (such as artwork, writing, or recordings) to show students learning or to promote programs and activities.</p> <p>The Media Release Form gives parents or guardians the choice to decide whether their child's image, voice, name, or work may appear in HealthCorps newsletters, websites, social media, or other program-related materials.</p>	<p>Las escuelas y programas como HealthCorps a veces toman fotos, videos o recopilan materiales creados por estudiantes (como dibujos, escritos o grabaciones) para mostrar a los estudiantes aprendiendo o para promover programas y actividades.</p> <p>El Formulario de Autorización de Medios permite que los padres o tutores decidan si la imagen, la voz, el nombre o el trabajo de su hijo(a) pueden aparecer en boletines informativos de HealthCorps, sitios web, redes sociales u otros materiales relacionados con el programa.</p>
What happens if I say YES	Qué pasa si marco SÍ
<p>If you check YES, you give permission for your child's photo, video, voice, name, or work created during program activities to be used for educational or promotional purposes by HealthCorps. These materials may appear in newsletters, websites, social media, printed materials, or other media now known or developed in the future by HealthCorps.</p> <p>If you later change your mind, you can withdraw your consent by providing written notice, although materials already created or published may continue to be used.</p>	<p>Si marca SÍ, usted otorga permiso para que la foto, el video, la voz, el nombre o el trabajo creado por su hijo(a) durante las actividades del programa se utilicen con fines educativos o promocionales por HealthCorps. Estos materiales pueden aparecer en boletines informativos, sitios web, redes sociales, materiales impresos u otros formatos de medios ahora conocidos o que se desarrollen en el futuro por HealthCorps.</p> <p>Si más adelante cambia de opinión, puede retirar su consentimiento mediante notificación por escrito, aunque los materiales que ya hayan sido creados o publicados pueden seguir utilizándose.</p>



What happens if I say NO	Qué pasa si marco NO
<p>If you check NO, the school or program will not use your child's photo, video, voice, name, or work in any public or promotional materials. Your child will still be able to participate fully in program activities.</p>	<p>Si marca NO, la escuela o el programa no utilizarán la foto, el video, la voz, el nombre ni el trabajo de su hijo(a) en ningún material público o promocional. Su hijo(a) aun podrá participar plenamente en las actividades del programa.</p>
Your rights and privacy	Sus derechos y privacidad
<p>You have the right to review, modify, or withdraw your consent at any time by submitting written notice. HealthCorps is committed to respecting student privacy and using materials responsibly.</p>	<p>Usted tiene el derecho de revisar, modificar o retirar su consentimiento en cualquier momento mediante notificación por escrito. HealthCorps se compromete a respetar la privacidad de los estudiantes y a utilizar los materiales de manera responsable.</p>

Important to know

The Media Release Form is a legal document that includes a release of certain claims related to the use of approved media. This Parent Information Sheet is intended to help explain the purpose and general meaning of the form, but it does not replace or change the terms of the Media Release itself. If you have questions, please contact your school or the HealthCorps program staff.

Información importante

El Formulario de Autorización de Medios es un documento legal que incluye la liberación de ciertas reclamaciones relacionadas con el uso de los medios aprobados. Esta Hoja de Información para Padres tiene como propósito ayudar a explicar el objetivo y el significado general del formulario, pero no reemplaza ni modifica los términos del Formulario de Autorización de Medios. Si tiene preguntas, comuníquese con su escuela o con el personal del programa HealthCorps.



Appendix B: Site Staff and Club Sponsor Requirements

Role Clarity:

- **Club Sponsor Selection:** the site is responsible for determining who the Club Sponsor is. Typically, if the TMHH Club is embedded into a class, that classroom teacher is the Club Sponsor. If the TMHH Club is outside of class time examples of sponsors include: school nurse, counselor, wellness center staff, librarian, teacher in aligned subject or with interest in health, wellness, and/or leadership, etc.
- **Understanding Roles:** School Site Staff and HealthCorps mentors shall maintain a clear understanding of their respective roles.
 - Site staff, including designated Club Sponsors, are responsible for the operational, supervisory, administrative duties within the site.
 - Club Sponsors shall assist with classroom management and student supervision during program activities as needed.
 - HealthCorps mentors are responsible for planning and facilitating all program sessions and providing relevant materials in alignment with HealthCorps curriculum goals.
- **Delegation of Tasks:** Club Sponsors shall not delegate their responsibilities to HealthCorps mentors, and mentors shall not undertake site staff duties unless explicitly agreed upon and approved by both parties. This ensures balanced workloads and proper oversight of responsibilities.

Physical Safety Guidelines:

- **Supervision:** HealthCorps mentors are not certified teachers and may not serve as the sole supervisors of students. The assigned Club Sponsor is responsible for ensuring that program participants are adequately supervised during all HealthCorps-related activities. A minimum of one site staff member must always be physically present to ensure student safety and compliance with school policies.

Safety Drills and Emergency Procedures:

- If a school safety drill or emergency procedure occurs during a club session or when a mentor is on campus, the Club Sponsor shall guide and support the HealthCorps mentor and students following the school's established safety protocols. HealthCorps mentors are expected to follow the director of school site staff to ensure all students respond appropriately and safely.

Student Safety and Disclosure:

- If a student shares personal information that may indicate risk of harm to themselves or others, HealthCorps mentors are required to follow applicable state mandated reporting laws and HealthCorps policies.

Boundaries Regarding Power Dynamics:

- **Professional Conduct and Role Awareness:** Club Sponsors are expected to remain aware of the professional dynamics between site staff and HealthCorps mentors. Any form of coercion or inappropriate use of positional authority is strictly prohibited. HealthCorps mentors must feel supported and encouraged to express concerns or request assistance without fear of negative consequences.
- **Constructive Feedback and Support:** Club Sponsors may provide feedback to HealthCorps mentors in a professional and constructive manner. All supervisory interactions should aim to support professional development while fostering an environment of mutual respect and collaboration. Club Sponsors should share feedback or concerns directly with HealthCorps staff during site visits, or to reach out to staff ahead of time if there are any concerns that require more immediate support or assistance.



CONFIDENTIAL