



## PARENTAL CONSENT FORM

Dear Parent/Guardian:

Sow A Seed Community Foundation's **Youth Media program** is designed to help youth use their voices to enhance policies benefiting our local youth. Central areas of focus include equity, education, health, economic justice, environmental policies, and the youth's engagement within the community.

I give permission for my child, \_\_\_\_\_, to participate in the Sow A Seed Community Foundation **Youth Media program**. I understand that transportation to and from the activity sites is the sole responsibility for the parent(s)/guardian(s), unless otherwise notified or arranged. I also waive, release and discharge all claims for personal and property damages arising out of my child's Participation. I understand that portions of the program's events may be videotaped or photographed and may be used for promotional materials or grants. Furthermore, I understand that in order for Sow A Seed Community Foundation to maintain a safe and healthy environment for all of its program participants, violence, abusive language, and other forms of misconduct will not be tolerated at any meetings or events. Therefore, I understand that it will be my responsibility to pick up my child at my own expense if my child needs to be sent home for disciplinary reasons.

### **Emergency & Medical Information:**

☐ In the event of an emergency, I authorize Sow A Seed Community Foundation to give consent for my child to receive all emergency medical care. In the event that I cannot be reached or make emergency medical care arrangements at the time of illness or accident. I authorize Sow A Seed Community Foundation to take my child to the nearest hospital or medical facility.

### **Consent for Photography/Authorization:**

☐ Sow A Seed Community Foundation has my permission to use my or my child's photograph publicly to promote the program. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

☐ Sow A Seed Community Foundation does not have my permission to photograph or use my child's photograph publicly to promote the program.

*By my signature, I, have read, understood, and completed the information above, and after having been briefed regarding the nature of the program, I give permission for my child to attend and participate in Sow A Seed Community Foundation Programs.*

Parent/Legal Guardian's PRINTED Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_