

Consent Form for Resilience Youth Network Fellowship Program

Minor Participant Name: _____

Minor Participant Date of Birth: _____

Name of Parent or Guardian: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email Address: _____

As the parent/guardian of the minor participating in the Resilience Youth Fellowship Program, I understand and acknowledge that:

- The minor's voice, image, and likeness will be transmitted online to Resilience Youth Network, guest speakers, and other Program participants.
- The minor will be invited to participate in a Slack channel with other Fellows. Participation includes sending and receiving electronic messages from both RYN team leadership, members of the Fellowship, and speakers over the Fellowship communication channels (email and Slack).
- The minor's voice, image, and likeness may be utilized in marketing materials, unless prohibited.
- Zoom sessions may be recorded for later distribution to Fellowship participants.

By signing below, I consent to the above minor's participation in the Resilience Youth Network Fellowship Program. I give permission for the program staff of the Fellowship program to communicate with my child via the Zoom video conferencing platform, email, and Slack. I acknowledge that I have read and understood the information given in this document. I certify that I am at least eighteen (18) years old and I am the parent or guardian of the minor participant listed above.

Parent/Guardian Signature Date