

Asian Solidarity Collective
A.C.T. TO LEAD Youth Fellows Day Program
Parent / Consent Form and Image & Media Recording Release Form

Each youth participant (of all ages) who are participating in Asian Solidarity Collective's (ASC) A.C.T. TO LEAD Youth Fellows Day program must sign this consent form including the Image & Media Recording Release section. Minors (under the age of 18) must have their parents / legal guardians sign the consent form including the Media Recording Release section; participants 18 years and older can sign their own release. Please fill out the form below.

PARTICIPANT CONSENT (participants age 18 & UP)

I, (full name here)_____ agree to participate in ASC's A.C.T. TO LEAD Youth Fellows Day Program which includes Youth Fellowship Day (total of 6.5 hours), Presentation Day (total of 3 hours) and project meetings (minimum of 2 hours) with a partner(s) to work on the final project and presentation day where I will present the final project with a partner(s). I understand that I will be given at least 3-5 fifteen minute breaks and 1 lunch break throughout the duration of Fellows Day.

I hereby grant permission to Asian Solidarity Collective to take photographs or audio/video recordings or use photographs or audio/video recordings to promote Asian Solidarity Collective and it's ASC'S A.C.T. TO LEAD Youth Fellows Day Program. I understand that the images may be used in print publications, online publications, presentations, websites, social media, newsletters, videos, and digital images. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use. I agree that these images may be used for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images._____ (Initial for which you give permission).

PARENT / LEGAL GUARDIAN CONSENT (for children under 18 years old)

ATTENDANCE: I GRANT permission for ASC to have my child participate in ASC's A.C.T. TO LEAD Youth Fellows Day Program which includes Youth Fellowship Day (total of 6.5 hours), Presentation Day (total of 3 hours) and project meetings (minimum of 2 hours) with a partner(s) to work on the final project and presentation day where my child will present the final project. I understand that my child will be given at least 3-5 fifteen minute breaks and 1 lunch break throughout the duration of Fellows Day._____ (Initial for which you give permission).

SPECIAL HEALTH CARE NEEDS: I agree to notify ASC of any food allergies and/or special health care needs for my child._____ (Initial for which you give permission).

MEDIA RELEASE: I GRANT permission for ASC to use my child's image and voice recordings in the following manners: _____

_____ (Initial for which you give permission).

(initials) _____ Asian Solidarity Collective has my permission to have my child participate in ASC's A.C.T. TO LEAD Youth Fellows Day Program and to use my child's (child's full name) _____ image, photo, and/or audio/video recording publically to promote Asian Solidarity Collective and it's A.C.T. TO LEAD Youth Fellows Day Program. I understand that the images may be used in print publications, online publications, presentations, websites, social media, newsletters, videos, and digital images. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use. I agree that these images may be used for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images. _____ (Initial for which you give permission).

PERSONAL CARE & LIABILITY: I fully understand that there may be a great variety of risks not known or reasonably foreseeable. I fully acknowledge that the Asian Solidarity Collective (ASC) nor its staff, members, core members and volunteers are not responsible for any harm that might occur. I understand and agree that ASC does not provide insurance to cover expenses for damage to my/ my child's personal property and that ASC strongly recommends that I/my child carry my/our own health, medical and property insurance for purposes of potential losses related to this program. ASC will not be held responsible for any burden, loss or damage. I also agree that I/my child will practice great personal care to choose and perform the tasks that are within their physical capability and I/my child will not undertake tasks that are beyond their ability.

COVID-19: I understand that this program has covid-19 requests and I/my child will do my/their best to keep everyone safer throughout Asian Solidarity Collective's program(s). Please sign your full name and date of signature if you accept and agree to this request. For details on our covid-19 requests please visit our website at www.asiansolidaritycollective.org

RELEASE OF FELLOWSHIP: I understand that at any time ASC reserves the right to release me/my child from the program.

Print of Full Name of Participant _____

Participant over 18 years old Signature _____ Date _____

Parent/Guardian's signature: _____ Date _____

Print of Parent/Guardian's Name: _____

Phone Contact Number of Parent _____

Parent Email _____