Planned Parenthood®
Care. No matter what.

4600 Gulf Freeway
Houston, TX 77023
p: 713.522.6240
www.ppgulfcoast.org

Planned Parenthood Gulf Coast
Education Department

Parental Consent for Participation
To Be Completed by Parent/Guardian:

My child, _____, has my support and permission to participate in the FLASH (Families Learning about Sexual Health) Workshop on Saturday, Sept 25th, 2021 from 11:00am – 3:00pm.

My contact information is:

Name: _____

Phone Number:_____

E-mail Address: _____

Preferred Contact Method: ☐ Phone ☐ Text message ☐ E-mail

Parent/Guardian's Signature _____ Date ___/___/____

Please print, sign and return to:
PPGC Education Department
4600 Gulf Fwy. Houston, TX 77023
htx.education@ppgulfcoast.org

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MEDIA PERMISSION & RELEASE FORM

For Use by Persons 18 Years and Under

PLEASE READ CAREFULLY.
THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS.

My name is _____ (please print) (herein referred to as "Parent"). I certify that I am the parent or legal guardian of _____ (please print), a minor under the age of 18 years (herein referred to as "Minor").

I give permission to Planned Parenthood to make and to receive from the Minor and third parties, photos and video and audio recordings and any other recordings and transcriptions that include my name, voice, likeness, and statements (together called "Content").

I represent and warrant that any Content that the Minor provides to Planned Parenthood is his/her own original work, and is not subject to any rights of any other parties. Parent and Minor indemnify and hold Planned Parenthood harmless from any claims, actions, damages, or liabilities arising out of the breach of this representation and warranty. I grant to Planned Parenthood the absolute and irrevocable right to use, publish, reproduce, distribute, and display the Content (in whole or in part) in perpetuity, in any publication or media (whether online, off-line, now known, or invented in the future) for any purpose relating to Planned Parenthood's mission, including but not limited to advertising, promotion, and trade purposes that promote Planned Parenthood's mission. This means, for instance, Planned Parenthood can broadcast video and audio podcasts of the whole recording or parts of it on Planned Parenthood websites, other websites (such as YouTube.com), or television and radio. I also grant Planned Parenthood the right to edit or make derivative works from the Content. I understand I will not have notice or the opportunity to review or approve these uses, which are strictly within the discretion of Planned Parenthood.

I agree the Content is owned by Planned Parenthood, and that Planned Parenthood will own the copyright for the Content, including any derivations or alterations of the Content. If I should receive any Content from Planned Parenthood, it shall be exclusively for my personal use.

I grant Planned Parenthood the right, without notice to me, to transfer its rights under this agreement to any third parties who may exercise the same right.

I warrant and represent that this granting of rights does not in any way conflict with any existing commitment on my part.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS AND NEGOTIATE REGARDING ITS CONTENTS. I AM AWARE THAT THIS AGREEMENT INCLUDES A WAIVER OF LIABILITY AND AN ASSUMPTION OF RISK AND I SIGN IT OF MY OWN FREE WILL.

Parent Name: _____ Signature: _____

Phone: _____ Email: _____

Today's Date: _____

Minor Name: _____ Signature: _____

Today's Date: _____