



# *Dream It, Be It* Virtual Program Consent & Release Tips

A SOROPTIMIST RESOURCE FOR CLUBS & MEMBERS

## Tips for Clubs: Virtual Programs and Consent/Media Release Tips

As clubs are moving their *Dream It, Be It* projects online, there are new questions about the parental consent form and media release. Permission slips are still required for online projects, and these tips will help you ensure that everyone can participate safely.

- If a parent/guardian has access to a PDF editor or word processing function, they can sign the form that way using the signature function.
- Forms that are emailed should still be saved according to club procedures.
- Clubs can mail out hard copies of the permission slips and include a preaddressed, stamped envelope so that parents can return them to the club that way if computer/internet access is not consistent, or if they cannot access a PDF editor.
- The witness requirement on the media release is to ensure that the appropriate person signed the form. However, it may be difficult for parents to obtain a witness. If a parent cannot get a witness to sign the form, the club could contact the parent via a phone call or text message to confirm that it is their signature. After confirmation occurs, the club member who verified should note on the form that they authenticated it in lieu of a witness along with the date.
- This is a new way of delivering the program, so we may continue to learn more and will update you as we proceed. Please feel free to ask questions about anything that concerns you by emailing [program@soroptimist.org](mailto:program@soroptimist.org).



# Parental Consent and Release Form

## A SOROPTIMIST/LIVEYOURDREAM.ORG RESOURCE

Dear Parent/Guardian,

Date: \_\_\_\_\_

Please sign and return the following form to \_\_\_\_\_ at \_\_\_\_\_

I give permission for my daughter, \_\_\_\_\_, to attend and participate in the activities of Dream It, Be It: Career Support for Girls, a program of Soroptimist International of the Americas/LiveYourDream.org. I agree to the following, intending for me and my child to be legally bound:

1. In case of medical emergency, I grant the facilitators the right to authorize medical care, if I cannot be promptly and readily reached.
2. In the event medical treatment is necessary for my child, I agree to pay all costs associated with such treatment including the cost of emergency medical evaluation and care. I further agree to hold harmless and indemnify Soroptimist/LiveYourDream.org and its volunteers, members, facilitators, and employees for any costs associated with medical treatment and transportation for my child.
3. I agree that Soroptimist/LiveYourDream.org is not responsible for any bodily injury, illness or disease, or loss or damage from any cause concerning this program, even in the event of negligence by the club, its members, volunteers, facilitators and/or employees. I release and agree to hold harmless Soroptimist/LiveYourDream.org, its members, volunteers, facilitators, and employees from any liability in connection with the activities of this program.
4. This consent and release shall be governed by the law of the state or province in which Soroptimist/LiveYourDream.org \_\_\_\_\_ is located, without regard to its principles on conflicts of laws.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Home Phone: \_\_\_\_\_

Parent/Guardian Work Phone: \_\_\_\_\_

Parent/Guardian Cell Phone: \_\_\_\_\_



# Media Consent Form

## A SOROPTIMIST/LIVEYOURDREAM.ORG RESOURCE

*Dream It, Be It: Career Support for Girls* participants have great stories to share about this life-changing program! Girls often share what they learned, how it prepared them to pursue their career goals, and how it boosted their confidence. So many girls have had positive experiences! When promoting *Dream It, Be It*, Soroptimist & LiveYourDream.org use first-hand stories and testimonials to show the program's impact, encourage volunteers to host projects in their communities, and to attract donors so that we can continue providing resources to support this program.

**Signing this Media Consent Form is voluntary. Your child can still participate in the program if you choose not to sign this consent. We respect your choice and will not use your child's information without your permission.**

By signing this Media Consent Form, you give Soroptimist & LiveYourDream.org, permission to take photographs and make videotapes and voice recordings of the below-mentioned girl (the "**Presenter**") and grant Soroptimist & LiveYourDream.org the unlimited and perpetual right to reproduce, display, communicate, perform, distribute, publish, circulate, make derivative works, or otherwise use the Presenter's name, biographical details, first hand story, testimonials, quotes, city and state or province of residence, likeness, photograph, audiovisual recordings, image and/or voice (the "**Works**") in whole or in part, for publicity purposes, fund raising appeals, advertisements and otherwise in connection with the mission of Soroptimist & LiveYourDream.org, in various formats including, but not limited to, print, photographs, video recordings, and audio recordings in any and all media including but not limited to print media, social media, websites, television, audiovisual and electronic media. All such Works shall be the property of Soroptimist & LiveYourDream.org which shall own all right, title and interest.

You hereby waive, and waive on behalf of the Presenter, all rights of publicity and privacy which you and the Presenter may have in the Works and any right or option to inspect or approve the finished product or advertising or other copy that may be used along with the Works. You hereby waive and release, and waive and release on behalf of the Presenter, any claims you and the Presenter now have or in the future may have against Soroptimist & LiveYourDream.org (and the other releases mentioned below) relating to or arising out of the use of the Works including, without limitation, any claims for compensation for the use of such materials.

Without limiting the above, you consent and provide consent on behalf of the Presenter to SIA's use and disclosure of the Presenter's personal information contained in the Works or otherwise provided by the Presenter to SIA ("Personal Information"), including sensitive Personal Information, for the purposes outlined above. You understand that:

- a) SIA may use and disclose the Personal Information, including the Presenter's personal story, testimonials, and information on her life experiences, for promotional purposes on the Internet, in the media or otherwise.
- b) It is possible that the Presenter could be recognized by persons who know her, based on her image, voice, testimonials and/or the description of her story/life experiences.
- c) Information disclosed by SIA will be available to the public and may be used and re-disclosed by any recipient or other third party. It is possible that an unknown third party may try to use the Personal Information to exploit the Presenter. SIA is not able to control the use or disclosure of the Presenter's Personal Information by such third parties.

d) The Presenter's Personal Information will be stored in \_\_\_\_\_ and accessible to \_\_\_\_\_ who have a need to know such information to perform their job duties. The Personal Information will be transmitted, stored and published in countries other than Canada, including but not limited to the United States, for the purposes outlined above. Information transferred to other countries may be accessed by the courts, law enforcement and national security authorities in the jurisdiction(s) where it is transferred, processed or stored.

You or the Presenter may withdraw consent to SIA's continued use and disclosure of the Presenter's Personal Information at any time. However, please note that such withdrawal will not have retroactive effect, and SIA cannot control continued or further distribution of Personal Information by third parties, to the extent that such Personal Information has already been published or otherwise made available to persons outside SIA's control. You or the Presenter may contact \_\_\_\_\_ at \_\_\_\_\_ to withdraw consent, or to access, correct or update Personal Information, as well as to obtain written information or make enquiries about SIA's privacy policies and practices including use of service providers (including affiliates) outside Canada.

This consent and release shall be applicable to Soroptimist & LiveYourDream.org, its subsidiary or affiliated companies, their officers and directors and other agents or employees who may be involved in disseminating the Works, and to the photographer, the videographer, the advertising agency or publisher of any material in which the Works may be used. You also understand that any use, including the broadcast and publication, of the Works is within the sole discretion of Soroptimist & LiveYourDream.org and that they may not be used at all.

NAME (Print name) \_\_\_\_\_

Check one:

( ) The individual represents that he/she has reached his/her 18<sup>th</sup> birthday and signs below.

( ) The undersigned is a minor person and his/her parent guardian has signed this form where indicated.

Dated \_\_\_\_\_ By (Print name): \_\_\_\_\_

Signature \_\_\_\_\_

WITNESS: \_\_\_\_\_ (Print name) \_\_\_\_\_

Signature \_\_\_\_\_

Address: \_\_\_\_\_

*If the above person is under 18 years of age:*

**CONSENT AND APPROVAL OF PARENT OR GUARDIAN**

The undersigned represents that he/she is a parent or guardian of the above named minor, that he/she has the legal right to consent to the terms of this Media Consent, that he/she has read the foregoing instrument and that he/she for an on behalf of the said minor, and in his/her own capacity, consents to, accept and approves this Media Consent and releases Soroptimist & LiveYourDream.org, and the other persons to whom the release is applicable, from any claim or liability with respect to the said creation, use and dissemination of the Works as set out herein.

Dated \_\_\_\_\_

By (Print name) \_\_\_\_\_

Signature \_\_\_\_\_

Relationship \_\_\_\_\_

Witness Name (print)

\_\_\_\_\_

Address

\_\_\_\_\_

Phone

\_\_\_\_\_

Email

\_\_\_\_\_

Signature

\_\_\_\_\_

Authenticated in lieu of witness by (Print name)

\_\_\_\_\_

Signature

\_\_\_\_\_

Dated

\_\_\_\_\_