

G.A.P.

Ezekiel 22:30 We stand in the gap for youth

Parental/Guardian Mentoring & Counseling Consent Form

Please review and complete the information below. Sign your name at the bottom of the form.

I (parent/guardian) _____, hereby certify that I am the parent and/or lawful guardian of _____ (youth's name)

I understand and agree that to receive services or participate in the G.A.P. mentoring program and, or, counseling either after discharge from Youth Detention Facility (YDF) of Sacramento County, or as a referral regardless of youth being in YDF, I must give my consent. This approval would include G.A.P. authorized partners and volunteers who may collect and maintain certain personal information about my child, including:

- First and last name and gender
- Email, residing address and telephone number(s)
- Ethnicity, birth date
- Siblings and other relatives

I further understand and agree that the above-described information will not be disclosed to third parties unless as a good faith belief that it is reasonably necessary to comply with the law or to protect the interests of G.A.P. or others; except that such information may be provided to authorized third parties for the purposes of providing the services available.

There will be times when we will be driving in a car. Consider this a release and waiver of liability which will not hold our volunteers personally responsible in the event of an accident.

I have read and reviewed the above and I give my permission for G.A.P. to collect, use and disclose personal information about my child in accordance with the terms stated therein.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

Other important notes: _____

Mail address- 8959 Elk Grove-Florin Road, Ste 103-400 Sacramento, CA 95829 **Tele:** 916-905-4441

e-mail Randal.gapgangs@gmail.com

www.gapgangs.com

CONSENT AND RELEASE FOR PICTURES, VIDEO, AND RECORDINGS

Occasionally G.A.P. holds events and activities in which youngsters might be photographed, video-taped, filmed, or recorded. In order for these pictures, videos, and recordings to be used by G.A.P., or authorized third parties, parents must consent to and release rights to them by agreeing to the following:

I am the parent/guardian of the above named student. I have been informed by G.A.P. that they may have planned fun and other social activities throughout the year where my child might be photographed, video taped, filmed or recorded by G.A.P. staff or a third party. I understand the activities have been approved by the G.A.P.. I understand this is a valuable recreational, social, learning experience for my child and I agree to allow my child to participate in this activity or event as stated in this Consent and Release Form ("Form").

I authorize the G.A.P., or any third party it has approved, to record my child's name, likeness, image, voice and performance through film, photograph, pictures, videotape, digitally, or through any other process as part of the activity or event. I further agree that any recording may be edited at the sole discretion of G.A.P., or any third party it approves, and used in whole or in part by the G.A.P., or any third party it approves, for any and all broadcasting, publication, distribution, training, audio/visual, or exhibition purposes in any manner or media, within or outside of the California.

I understand that I and my child shall have no intellectual property or other legal right or interest in or arising from the recording in any way, including but not limited to any royalty or other economic right or interest that could arise from any publication, broadcast, or reproduction of the recording or the activity or event.

I also agree to release and hold harmless G.A.P. from and against all actions, claims, demands, lawsuits, damages, losses, expenses and liabilities of every kind or nature, including but not limited to reasonable attorney's fees, arising out of this activity, or arising out of or any use of the recording.

I understand this Form contains the entire agreement and understanding between G.A.P. and me and may not be amended unless mutually agreed to in writing by G.A.P. and me. I further understand that the laws of the State of California govern this form.

I understand the above requirements,

Parent/Guardian: _____ Date: _____

Signature: _____