



## Parental Consent/Emergency Contact Form for Participating Minor in an Online Program

Student Name:			
Home Address:			
Student Cell Phone:		Birthdate:	
Parent #1 or Legal Guardian:			
Telephone Contact Information (Parent #1/Guardian):			
Parent #2 or Legal Guardian:			
Telephone Contact Information (Parent #2/Guardian):			
I grant permission for my child to participate in			
For the following date(s) or period of time:			

☐ By checking this Box, I consent to allow my child to engage in group or one-on-one virtual contact with a Indiana University program supervisor, mentor, or other adult working with this program.

This consent shall be governed in accordance with the laws of the State of Indiana.

By registering for this activity or program, I, the undersigned parent or legal guardian of a minor, agree that:

1. I am the parent or legal guardian of the participant(s)
2. (If participants are under the age of 12 years) the participant(s) will be under my supervision throughout the activity or program; and
3. I am fully aware of the risks connected with participating in an online activity or program and, knowing those risks, choose to have my child or children participate. The risks of an online activity or program include, but are not limited to, data mining, phishing, viruses, malware, data breach of online information, cyberbullying, exploitation, cyber stalking, online grooming, cyber predators, and image replication.

I have read this Consent Form and understand its terms. I sign it voluntarily and agree to be legally bound by its terms.

Parent/Guardian Signature:

Address:

Date:

### Distribution:

Signed original(s) or executed electronic copies – to be retained by Program Director for 3 years after the end date of the program.