

**Community Vo/ces**  
**FOR Public Education!**

Dear Parents and Guardians,

Houston Community Voices for Public Education is holding classes, known as the Opt Out Academy, for opt out children. I understand that the classes will be held on the week of Tuesday, March 28 – Friday, March 31. Classes will be held from 8:00 a.m. – 3:00 p.m. each day at Kindred Montrose Church/Hyde Park/Cherryhurst Park.

I hereby give consent for my son/daughter/child, \_\_\_\_\_, to participate in the above classes. I understand that he/she will receive instruction and supervision from certified teachers and from other adult volunteers: [www.houstoncvpe.org/opt\\_out\\_academy](http://www.houstoncvpe.org/opt_out_academy).

I understand that my child will be participating in outdoor play, which could include running, climbing, swinging, heat, etc. Students at Kindred Montrose Church may walk to Hyde Park and Cherryhurst Park. The supervised walk will involve crossing streets. We may offer tumbling through one of our volunteers. I understand that there are risks inherent in outdoor play, crossing streets, and tumbling, and I accept these risks. I understand that any belongings my child brings could be damaged, lost, or stolen, and I accept this risk.

In case of emergency I can be reached at \_\_\_\_\_ or \_\_\_\_\_.

In consideration of the permission granted to my son/daughter/child by Community Voices for Education (CVPE) to participate in the Opt Out Academy indicated above, I hereby agree, to the fullest extent permitted by law, to hold harmless, defend, and indemnify CVPE and all of its representatives and Kindred Montrose Church and all of its representatives (herein referred to as the "releasees") from any and all claims, suits, demands, damages, losses, judgments, payments, awards, and expenses (including reasonable attorney's fees and costs) that may arise in connection with the Opt Out Academy, including economic losses, injuries, or death sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of releasees. I understand this waiver does not apply to losses, injuries, or death caused by intentional or grossly negligent conduct.

Medical Matters: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatment:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor in the event of an emergency. If you are unable to reach me at the above numbers, contact:

Emergency contact name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

You should be aware of these special medical conditions (including allergies) for my child:

\_\_\_\_\_  
\_\_\_\_\_

Name of parent/guardian \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date: \_\_\_\_\_



## MEDIA RELEASE

CONSENT FOR PHOTOGRAPHING, FILMING, VIDEO/AUDIO TAPING, TELEVISIONING/CABLE CASTING

Child's name: \_\_\_\_\_

I hereby give my consent for photographing, filming, video/audio taping, and/or direct transmission of television/cable signals of the image, voice, and performance of the above-named individual and release to *Community Voices for Public Education (CVPE)* all rights of any kind to the materials in which he/she appears. This is a full release of all claims whatsoever that his/her executors, heirs, administrators or assignees have now or hereafter against *CVPE* or its employees regarding any use that may be made by them of said photographic reproductions, films, video/audio tapes, or direct transmission of television/cable signals. I also agree that all such materials shall remain the property of *CVPE* unless otherwise noted.

Further, I acknowledge that the name and biographical material, portrait, picture, likeness, or voice of this individual may be used for purposes consistent with *CVPE's* mission, including the promotion and publicizing of the materials in which the image/voice of this individual appears.

I have read this entire document and understand the contents, and I have willingly agreed to the above conditions.

Name of parent/guardian: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date \_\_\_\_\_

Relationship \_\_\_\_\_

(Parent/Legal Guardian signature *required* if under 18 years of age)

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_