

Community Voices FOR Public Education!



Dear Parents,

Houston Community Voices for Public Education is holding class for opt out students: Opt Out of Testing and Opt into Learning. I understand that the group will meet at 7:30am until 3:30pm on one or more days from April 20 thru April 24, 2015 at Live Oak Friends Meeting House.

I hereby give consent for my son/daughter, _____, to

participate in the above class. I understand that he/she will receive instruction and supervision from certified teachers from CVPE. Their biographies are available on the CVPE website Opt Out page.

In case of emergency I can be reached at _____ or _____.

In consideration of the permission granted to my son/daughter by CVPE to participate in the class indicated above, I hereby agree, to the fullest extent permitted by law, to hold harmless, defend, and indemnify CVPE and its representatives and Live Oak Friends Meeting (LOFM) 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 this class.

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:

Name: _____

relationship: _____

Phone : _____

Phone : _____

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

Name of parent or guardian _____

Signature of parent or guardian _____

Date: _____



MEDIA RELEASE

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

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 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.

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

Address _____

Today's Date _____ **Your Phone Number** _____

Your Email Address _____