

Team  Individual

Team/Individual Name: \_\_\_\_\_ Name of media piece: \_\_\_\_\_  
Category: \_\_\_\_\_ Tobacco related topic: \_\_\_\_\_

Region:  Del Norte  Humboldt  Lake  Mendocino  Trinity

Please check box if you would like assistance for gas money to travel to the event.

Teammates (if applicable):

1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_

Is this team/individual associated with a youth organization or youth coalition:  Yes  No

If Yes, What is the name: \_\_\_\_\_

## PARTICIPANT INFORMATION

*(Each participant must fill this out)*

Full Name: \_\_\_\_\_

Which gift card would you like to earn?  Walmart  Starbucks  Google Play  Apple

School (If applicable): \_\_\_\_\_ Grade: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Pronouns:  She/Her/Hers  He/Him/Him  They/Them  Other: \_\_\_\_\_ Age: \_\_\_\_\_

Ethnicity: (Select all that apply.)  American Indian/Alaskan Native  African American/Black

Hispanic/Latino  White  Asian/Pacific Islander  Other, please describe: \_\_\_\_\_

## EMERGENCY CONTACTS

Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

# RELEASE FORMS

## MEDIA FORM

CONSENT TO PHOTOGRAPHY, AUDIO, OR VIDEOTAPE A STUDENT FOR NON-PROFIT USE.

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

I, \_\_\_\_\_ (parent or legal guardian), hereby consent to the participation in interviews of, and the use of quotes spoken by, and the taking of photographs, audio, and video of the student named above, which actions may occur at both in-person and online events, by the California Health Collaborative (CHC). I hereby grant CHC the right to edit, use, and reuse said interviews, quotes, photographs, audio or video for any purpose and without limitation, including use in print, on the internet, and all other forms of media. I hereby release CHC, its agents and employees, from all claims, demands, and liabilities whatsoever arising from or in connection with CHC's actions hereunder.

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

(of Participant or Parent/Guardian for minors)

## TRANSPORTATION FORM

On special occasions, CHC Staff will need to transport youth to and from program activities.

I, \_\_\_\_\_ (parent or legal guardian), give permission for \_\_\_\_\_ (student name) to be transported by CHC staff to and from program activities. I, on behalf of myself and my child(ren) or ward(s), do hereby fully release and discharge CHC, its agents and employees, from all claims, demands, and liabilities whatsoever arising from or in connection with CHC's transportation of the above-named student. I, on behalf of myself and my child(ren) or ward(s), do hereby waive any and all claims which may have or may acquire or which may accrue to me, my heirs, my guardians, administrators, executors, or assignee's, including attorney fees and court cost arising out of or in connection with CHC's transportation of the above-named student.

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

(of Participant or Parent/Guardian for minors)

## GENERAL RELEASE OF LIABILITY

I, on behalf of myself and my child(ren) or ward(s), hereby fully release and discharge CHC, NorCal 4 Health, and their programs and employees or agents, from all claims, demands, and liabilities whatsoever arising from or in connection with any injury or sickness my child may incur during this program. I, on behalf of myself and my child(ren) or ward(s), do hereby waive any and all claims which may have or may acquire or which may accrue to me, my heirs, my guardians, administrators, executors, or assignee's, including attorney fees and court cost arising out of or in connection with my child's participation in such program.

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

(of Participant or Parent/Guardian for minors)

# RELEASE FORMS

## VIRTUAL CONSENT FORM

Dear Youth Parent/Guardian:

We are providing web-based learning experiences through which program staff will facilitate program activities through online web-based platforms. The California Health Collaborative (CHC) will use virtual communication applications provided by a third party that members, parents/guardians and/or staff will access via internet and use for purposes of communication and programming. These platforms may include zoom, Google Hang Outs, Microsoft Teams, among others. This letter seeks consent for your child (or ward) to utilize the online applications for web-based program purposes. These platforms provide an opportunity for CHC to deliver video, audio, and chat-based educational experiences to members via various digital devices. Please be aware that these platforms may collect information about users and may have separate (non-CHC) privacy terms and conditions to which members must adhere. In order to participate in web-based program experiences, your student will need the following: (1) a computer, cell phone, or tablet with access to the internet, and (2) a quiet space at home from which members can participate in web-based program experiences. Some of the platforms may require your student to provide personal information, including, but not limited to: an email address and first and last name. CHC will utilize these third party web-based platforms for the following anticipated program activities: group chats, video conferencing, media sharing (for example, uploading images of artwork or other projects), providing program information and promotional materials including print and video. CHC will also conduct programming by phone in circumstances where members may not have access to the internet.

CHC's commitment to keep the young people we serve safe is always our number one priority. Accordingly, CHC will actively monitor member activity on these third party web-based platforms and will make every effort to protect member information by, among other things: (1) maintaining control of, and access to, the data collected; (2) prohibiting re-disclosure of member information; (3) limiting the purposes for which the online platforms may use member information; (4) ensuring members are not exposed to advertising (excepting advertising promoting the third-party platform); and (5) that no member's information is shared for commercial purposes. By signing below, I acknowledge reading the above, and hereby release CHC and forever waive all claims against CHC arising from the use of the referenced third party platforms by my child(ren) or ward(s).

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

(of Participant or Parent/Guardian for minors)

On occasion, CHC may also record or take photos of your student on these platforms solely for purposes of transcribing meeting notes (these recordings will be immediately deleted upon completion of the transcription), creating promotional materials for non-profit purposes, or for documenting student participation for grant purposes.

I consent to the recording or photography of my student during web-based programming.

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

(of Participant or Parent/Guardian for minors)