



## Therapist Development Center (TDC) Tzedakah Foundation Teen Program Guardian Consent Form

To ensure that students and their parent(s) and/or legal guardian(s) understand the nature and scope of the TDC Tzedakah Teen Program, we ask that you review all registration and content description documents, which contain information on program instructors, speakers, suggested books, and videos.

If you have any questions or concerns, please contact Angela Binetti Schmidt, Tzedakah Foundation Program Director, at [angela@tzedakahfoundation.org](mailto:angela@tzedakahfoundation.org).

[The TDC Tzedakah Foundation Teen Program](#) is held in partnership with the [Santa Barbara Police Activities League \(PAL\)](#).

To complete your minor child's registration for a TDC Tzedakah Foundation Teen Program, please:

1. Register your child with PAL, by contacting PAL or by registering online using this link: [PAL Teen Center Registration](#)
2. Complete the appropriate registration form linked below:  
[SAFE Summer Internship Registration](#)  
[Teen Leadership Workshop Registration](#)
3. Sign and submit the attached Guardian Liability Release Form after reviewing the appropriate TDC Tzedakah Teen Program content description:  
[Safe Internship Content Description](#)  
[Teen Leadership Workshop Content Description](#)
4. Review and approve or decline attached photograph/ images/ video/ voice recording release.

By signing below, you agree that you have reviewed the appropriate virtually linked registration information and program content descriptions and give your consent for your minor child to participate in field trips, activities, listen to speakers, read assigned materials, and complete writing assignments for the TDC Tzedakah Foundation Teen Program.



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### Guardian Liability Release Form

#### **I. Consent and Release**

##### **Consent:**

I, as the parent and/or legal guardian of the above-named participant, hereby consent to their participation in the Therapist Development Center (TDC) Tzedakah Foundation's Teen Program.

I agree that I have reviewed the following virtually linked documents and curriculum and give my consent for my minor child to participate in field trips, activities, listen to speakers, read assigned materials, and complete writing assignments for the TDC Tzedakah Foundation Teen Program. I further consent to my minor child's attendance and participation in any workshops, meetings, films, lectures, community events, fundraisers, symposia, presentations, and publications associated with the Tzedakah Foundation's Teen Program.

##### **Release:**

I, on behalf of myself and the participant, hereby release, discharge, and covenant not to sue Therapist Development Center (hereinafter referred to as "the Organization"), its officers, directors, employees, volunteers, and agents from any and all claims, demands, liabilities, actions, or causes of action of any kind whatsoever, arising out of or in any way connected with the participant's participation in the activity, including, but not limited to, claims for personal injury, property damage, or death, whether caused by the negligence of the Organization or otherwise.

##### **Assumption of Risk:**

I acknowledge that the activity described above involves inherent risks, including but not limited to the risk of personal injury, property damage, or death. I understand that these risks cannot be completely eliminated, and I voluntarily assume all such risks on behalf of the participant and myself. I further acknowledge that there is a risk of illness, injury and infection from exposure to, or conduct of, other people as a result of Participant's participation in the activity described above and related activities, and I agree to voluntarily assume that risk, and I release and discharge the Organization and entities mentioned above from any such risk of illness, injury or infection. I agree that the participant is not suffering from any medical condition that would jeopardize the



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safety of the participant or others in performing the activity described above and is able to participate safely.

### **Indemnification:**

I agree to indemnify and hold harmless the Organization, its officers, directors, employees, volunteers, and agents from any and all claims, demands, liabilities, actions, or causes of action of any kind whatsoever, arising out of or in any way connected with the participant's participation in the activity, including, but not limited to, claims for personal injury, property damage, or death, whether caused by the negligence of the Organization or any other person or entity, or otherwise.

### **Medical Treatment:**

I understand that I am responsible for any medical expenses incurred by the participant as a result of their participation in the activity.

I further acknowledge that there is a risk of illness, injury and infection from exposure to, or conduct of, other people as a result of Participant's participation in the activity described above and related activities and I agree to voluntarily assume that risk, and I release and discharge the Organization and entities mentioned above from any such risk of illness, injury or infection. I agree that the participant is not suffering from any medical condition that would jeopardize the safety of the participant or others in performing the activity described above and is able to participate safely.

### **Governing Law:**

This agreement shall be governed by and construed in accordance with the laws of the State of California.

## **II. Acknowledgment**

- I have carefully read this agreement and fully understand its terms.
- I am signing this agreement freely and voluntarily.
- I am the parent and/or legal guardian of the participant and have the legal authority to enter into this agreement on their behalf.



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Tzedakah Foundation Teen Program  
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**III. Participant Information**

- Participant Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_

**IV. Guardian Information**

- Guardian Name: \_\_\_\_\_
- Relationship to Participant: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email: \_\_\_\_\_

**V. Signature**

Guardian Signature:

Participant Signature:

\_\_\_\_\_

\_\_\_\_\_

Date:

Date:

\_\_\_\_\_

\_\_\_\_\_

Guardian Printed Name:

Participant Printed Name:

\_\_\_\_\_

\_\_\_\_\_



## Therapist Development Center (TDC) Tzedakah Foundation Teen Program Media Release Form (Minor)

### CONSENT FORM TO PERMIT Therapist Development Center Tzedakah Foundation Teen Programs TO USE MINOR CHILD PHOTOGRAPHS/ IMAGES/ VIDEO/ VOICE RECORDING

Please sign this consent form and return it to Therapist Development Center (TDC) Tzedakah Foundation if you are willing to permit the use of your child's name, photograph, video image, voice recording, or coursework in nonprofit partner anti-human exploitation publications, materials or websites as described above, including in any publicity reflecting or related to my child's involvement or participation in any of the activities of the TDC Tzedakah Foundation Teen Program.

**Background:** During the TDC Tzedakah Foundation Teen Programs, your child may be photographed or filmed by staff while participating in nonprofit programs and activities. We would like to have the opportunity to use these photographs/ images/ video/ voice recordings for publication on nonprofit partner anti-human exploitation websites, and/or in related TDC Tzedakah Foundation publications and promotional or training materials, and to feature your child's coursework in these publications.

You acknowledge that you are the parent and/or legal guardian of the student named below, and hereby fully release and discharge the Therapist Development Center Tzedakah Foundation Teen Programs and its officers, employees, and agents from any and all debts or liabilities arising out of or in connection with the above described uses of my child's name, photograph, video image, voice recording, or coursework.

***You can revoke your consent at any time by delivering a written notice to [angela@therapistdevelopmentcenter.com](mailto:angela@therapistdevelopmentcenter.com).***

Guardian Printed Name:

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Participant Printed Name:

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Guardian Signature:

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Participant Signature:

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Date:

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Date:

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