

## PARENTAL/LEGAL GUARDIAN CONSENT FORM: COURAGEOUS CREATIVE

Parent/legal guardian consent is required for participants under the age of 18. We request that you complete this form to confirm that you are authorizing your child to participate in COURAGEOUS CREATIVES, taking place July 13 - August 14, 2020. This 5-week virtual project, led by Miriam King, Miami-based creative and Education Consultant, and Culture Shock Miami will bring together a cohort of courageous young adults who are ready and willing to participate in complex and mature discussions addressing historical issues that have shaped today's society. Participants will work towards social justice shape-shifting through the vehicles of arts advocacy and activism. Content included in the project contains strong language as well as thought provoking, controversial, and sensitive subject matter, therefore participation is recommended for a mature audience.

There is no charge to participate in this program, however, your child's availability and commitment to attend the online sessions and complete at-home work is required. An informational session will be held on Monday, July 13 at 10AM. Parents are encouraged to attend to learn more about Courageous Creatives. The project will conclude with a shared experience for families, friends, and members of the community.

For information about Courageous Creatives, please visit <https://cultureshockmiami.com/events/courageous-creatives-project-apply-now>. If you would like to talk with a member of the Culture Shock Miami team, please contact program managers, Christina Tassy-Beauvoir ([Christina.Tassy-Beauvoir@miamidade.gov](mailto:Christina.Tassy-Beauvoir@miamidade.gov)) or Mary-Margaret Dale ([Mary-Margaret.Dale@miamidade.gov](mailto:Mary-Margaret.Dale@miamidade.gov)).

**Please complete the sections below and return to [info@cultureshockmiami.com](mailto:info@cultureshockmiami.com) by Monday, July 13 at 11:59pm.**

I, the undersigned, certify that I am the parent or legal guardian of the below mentioned participant minor. I hereby authorize my minor child named below to participate in the Courageous Creatives project.

Full name of child: \_\_\_\_\_

Child's birth date: \_\_\_\_\_

Parent's/Legal Guardian's full name: \_\_\_\_\_

Parent's/Legal Guardian's email address: \_\_\_\_\_

Parent's/Legal Guardian's telephone number: \_\_\_\_\_

I confirm that by completing this form, I have authorized my child (whose name is listed above) to participate in Courageous Creatives. I confirm that the information given in this parental/legal guardian consent form is complete and accurate.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge that the sessions will be recorded for archival purposes. As a result, my child's image may appear in future promotional material.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_