



LN IN Heaven Foundation

Youth Cooking Club Program:

Program Location: Cleme Manor Apartments, Houston, Texas, USA

Participant Permission Form

I, _____, permit my child, _____, to participate in the **Youth Cooking Club Program** organized by the LN In Heaven Foundation.

I understand that my child will be under the supervision of adult leaders and volunteers during the program.

I acknowledge that participation in this program may involve the use of computers and related technology. I hereby release and hold harmless the LN In Heaven Foundation, its leaders, volunteers, and employees from any and all liability, claims, and causes of action arising out of or related to my child's use of computers while participating in this program.

I understand that my child is expected to adhere to the program guidelines and respect the instructions of the program leaders.

Emergency Contact Information:

Parent/Guardian Name:

Phone:-----

Number:-----

Email: -----

Alternate Emergency Contact:

Name:-----

Phone Number:-----

Medical Information:

Does your child have any allergies or medical conditions we should be aware of?

☐ No

☐ Yes (please specify):

Agreement:

Signature of Parent/Guardian:

Date Signed:

Contact Information for the Program:

If you have any questions or concerns, please contact:

LN In Heaven Foundation

Phone: 832-633-8439

Email: mercedes@lninheavenfoundation.org



Media Release and Photo Permission Form

LN In Heaven Foundation
Youth Cooking Club Program

Participant Information

Name of Youth Participant: _____

Date of Birth: _____

Parent/Guardian Name (if under 18):

Media Release and Permission

I, the undersigned participant or parent/guardian of the participant (if under 18), acknowledge and agree to the following:

I understand that the LN In Heaven Foundation and its representatives may take photographs, videos, or other media recordings of me/my child during the *Youth Cooking Club Program*.

These photographs, videos, or recordings may be used for:

- Social media content (e.g., Facebook, Instagram, Twitter, etc.).
- Website content and promotional materials.
- Marketing campaigns, newsletters, and advertisements.
- Educational or informational purposes.

I also understand that:

- The LN In Heaven Foundation will own all rights to these media recordings, including copyright.
- I waive any right to inspect or approve the materials before they are published.
- No financial compensation will be provided for the use of these materials.

Please check one box below:

☐ I opt in: I give my permission for photographs, videos, or media recordings of me/my child to be taken and used as described above. ☐ I opt out: I do not permit photographs, videos, or media recordings of me/my child to be taken or used.

Agreement:

I have read and understand this media release form, and I have selected my preference above.

Signature of Participant (if 18 or older):

Date: _____

If the participant is under 18:

Signature of Parent/Guardian:

Date: _____

Contact Information for the Program:

If you have any questions or concerns regarding this media release, please contact:

LN In Heaven Foundation

Phone: 832-633-8439

Email: mercedes@lninheavenfoundation.org