



**Planned Parenthood® of Indiana**  
Protecting, providing and promoting reproductive health



**Planned Parenthood Advocates of Indiana**  
Grassroots Advocacy for Choice

## PARENTAL CONSENT

I understand that my daughter/son \_\_\_\_\_(name) will participate in the Planned Parenthood Live Action Camp in Fort Wayne on Saturday, October 20, 2007. I, the undersigned:

- a. Hereby state that the above-named minor has my permission to participate in any and all advocacy efforts used in the Live Action Camp sponsored by Planned Parenthood and Planned Parenthood Advocates of Indiana, including but not limited to petitioning, phone banking, writing letters to the editor, visibility techniques.
- b. Consent and give permission to you and those acting under your authority to use the above-named minor's name, personal story and photograph/likeness as a medium for advertising, marketing or communications as you may choose throughout the world and I consent and give you permission to use the above-named minor's name and biography in connection therewith. I waive the opportunity and right to inspect or approve any such communications or any use to which they may be put. I release Planned Parenthood and Planned Parenthood Advocates of Indiana, their officers, members, directors, agents, employees, and those acting under their authority, from all debts, claims and liabilities of any kind arising out or in connection with the making or use of such communications or the use of the above-named minor's name, biography, or image;
- c. Understand that there is no fee and no payment for participation in Live Action Camp;
- d. Shall indemnify and hold harmless Planned Parenthood and Planned Parenthood Advocates of Indiana from and against all claims, demands, losses or liability or against any kind or nature of possible injury incurred during the above-named minor's volunteer services, including during travel to and from volunteer activities;
- e. Understand that it is Planned Parenthood of Indiana's mission to *Protect, Provide and Promote Reproductive Health* for all and that it is Planned Parenthood of Indiana's goal to accomplish its mission through providing reproductive health services, advocacy and education services.

\_\_\_\_\_  
Parent/Guardian's signature

\_\_\_\_\_  
Today's date

*When completed, please return this application to:*

Planned Parenthood of Indiana  
Public Policy Department  
P.O.Box 397  
Indianapolis, IN 46206-0397  
317-637-4362