

Resonance House, LLC

Parental Consent to Use of Child's Work

Youth's Name: _____

Youth's Date of Birth: _____

Youth's Diagnosis (optional): _____

Parent(s)/Guardian(s) Name: _____

Email: _____

Phone: _____

As the parent or legal guardian of the child named above I give Resonance House, LLC and its licensees and assigns permission to use his or her artwork or writings, in printed or electronic form, for the purpose of demonstrating proof of concept to potential funders and for general promotion and marketing, advertising, soliciting purchases, and distribution of *Digging Deep*, A Journal for Young People Facing Health Challenges. I understand my child will only be identified by age, diagnosis (if provided) and first name or alias.

By Parent/Legal Guardian's Name: _____

Signature: _____

If desired: Alias I agree to be used: _____