



## **PARENT /GUARDIAN PERMISSION FORM**

**The National Black Religious Summit on Sexuality** is a forum created for clergy, laity, and youth to engage in meaningful dialogue about issues of sex and sexuality impacting the spiritual life of the African American community. The dialogue is very responsible, rich and inclusive of many thoughts. All workshops are opened to all persons attending the Summit for the specific purpose of learning, sharing and creating safe places for trusting relationships to build while “keeping it real” and breaking the silence. Teens are especially encouraged to participate openly by asking questions and articulating their perspective on the subject matter in the “Keeping It Real! Teen Leadership Institute”. All voices are valued, all voices are raised, and all voices are heard.

Please sign and return this permission form to your Summit Church Coordinator, or BCI Consultant for the **National Black Church Initiative™** in your city. Your signature is a statement of faith. It informs that you have spoken with all parties – pastor, chaperones, and teens - involved about roles, responsibilities, expectations and conduct. It further states that in the event of personal or property damage at the conference or lodging facilities resulting from direct/indirect actions or activities by a youth under your charge that you assume full financial and legal responsibility. Finally, your signature is also an affirmation of the important work The National Black Church Initiative of the Religious Coalition for Reproductive Choice is doing with clergy and congregations to prevent teen pregnancy, reduce the spread of HIV and AIDS, develop faith based sexuality education ministries, and address reproductive health concerns within the context of African American religion and culture.

**Special Note:** A photographer and video crew will be on site to document all general sessions, workshop presentations, and activities of the Summit. They are for the purpose of placement in newsletters, brochures, reports to promote the valuable work of The National Black Church Initiative and to assist with continuing education and faithful dialogue efforts.



## PARENT /GUARDIAN PERMISSION FORM

**Please Print Clearly**

Name of Teen: \_\_\_\_\_ Age: \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address (if different) \_\_\_\_\_

Day Phone (    ) \_\_\_\_\_ Cellular Phone (    ) \_\_\_\_\_

In the event of an emergency, please call: \_\_\_\_\_

Emergency Telephone Number: \_\_\_\_\_

Church or Organization Name: \_\_\_\_\_

Are there any special dietary needs or medical requirements that should be brought to our attention? \_\_\_\_\_  
Yes    No

If yes, please describe \_\_\_\_\_

I grant permission and release for my teen to participate in The National Black Religious Summit on Sexuality and the "Keeping It Real! Teen Sexuality Institute" and to the use of audio and video taping of the Summit for promotional and educational purposes as presented and prepared by the Religious Coalition for Reproductive Choice. I also note that if my teen is interviewed only his or her first name, age, and city/state will be used. I also consent to medical treatment for my teen in an emergency if I cannot be reached under the supervision of the assigned chaperone(s).

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date