



Note to Parents or Guardians:

In order for your child to participate, you must complete the information below and return it to a F.A.C.T. Experience's coordinator as soon as possible.

Emergency Contact and Permission

Trip To: SCI-Phoenix

Emergency Contact:

Mother/Guardian: _____

Cell Phone: _____

Work Phone: _____

Home Phone: _____

Others: _____

Cell Phone: _____

Work Phone: _____

Home Phone: _____

Field Trip Permission and Assumption of Risk:

I hereby grant permission for my child, _____, to participate in the Father And Children Together, (F.A.C.T. Experience) initiative and associated activities described in the provided information. This form is subject to the Special *Procedures and Considerations* specified in the information provided to you. In consideration of the PA Department of Corrections allowing my child to participate in a trip and associate activities. I hereby release and hold harmless the PA Department of Corrections, United Community Action Network, Uplift Solutions and Liberty Ministry and its board members, employees and agents from any and all liability, claims, cause of action, damages and demands of any kind whatsoever (except willful and wanton acts or omissions) that may be brought by my child or on my child's behalf for any and all damages, including personal injury to my child, arising out of or in connection with my child's participation in the visitation trip and associated activities. My child and I understand and appreciate the risks and dangers of my child's participation in the visitation trip and associated activities, and assume the risk of any and all damages, including personal injury, which the child may incur as a result of such participation.

Signature of Parent/Legal Guardian/Signature of Student (if over 18)

Date: _____

As men, we stand on the principle of being Fathers, and that's a F.A.C.T.



Photographer Videographer Release Form

Full Name: _____

Address: _____

Telephone #: _____ Cell# _____

Date: _____

Usage

I acknowledge that by signing this form, I give up all claims of ownership, income editorial control and use of the resulting photographs/videos to United Community Action Network, F.A.C.T. Experience, and/or Uplift Solutions.

I have read this form carefully and fully understand its meaning and implications. I acknowledge that by signing this document I give the United Community Action Network (U-CAN), F.A.C.T. Experience & Uplift Solutions full copyright and authority to publish the photographs/videos for the advancement of the F.A.C.T. Experience mission.

Signed: _____ Date: _____

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