

## One Choice Youth Advisory Participant Permission Slip Complete and return to <a href="mailto:OneChoice@ibhinc.org">OneChoice@ibhinc.org</a> by October 30, 2023

,, give permission for my child, (name of parent/guardian)
, to participate in the One Choice Community (name of student)
Youth Advisory Board and/or associated One Choice Community/I Am One prevention activities/initiatives managed by the Institute for Behavior and Health, Inc. and/or its agents and assigns.
understand that in this capacity, my child will provide personal oral testimony using a digital platform (i.e., recorded video) that may be shown in presentations/webinars and/or on the one Choice Prevention website (www.OneChoicePrevention.org). My child may share ideas including out not limited to their reasons and personal strategies for staying drug-free (e.g., finding likeminded friends, finding alternative drug-free activities). Participants will be identified by first name only or by an alternative name they select; no other identifying information will be provided.  I understand that One Choice Community may take or make pictures, photos, video recordings, audiotapes, digital images, any future media, and the like of my child's name, likeness, image, voice, and/or appearance ("Materials"). I agree that One Choice Community has complete
ownership of the Materials including the entire copyright, and may alter them or use them in perpetuity worldwide in any medium or format now existing or created in the future for any purpose consistent with the One Choice Community mission. I acknowledge that my child will not receive any compensation for the use of such Materials.
release One Choice Community and its agents and assigns from any and all claims I or my child may have which arise out of or are in any way connected with their participation in the One Choice Community Youth Advisory Board, its related activities, or any use of the Materials by One Choice Community. This Release is governed by Maryland law.
Signature of Parent/Guardian  Signature of Student if age 18+
Print Name of Parent/Guardian
Date  Institute for Behavior and Health Inc