



Lumen Christi CATHOLIC COMMUNITY

2055 Bohland Avenue Saint Paul, MN 55116 Phone 651-698-5581 www.lumenchristicc.org

DISCLOSURE, AUTHORIZATION AND CONSENT FOR SOCIAL MEDIA OR OTHER ELECTRONIC COMMUNICATION INVOLVING MINORS

I am the parent or legal guardian of _____ (full name of minor) (“My Child”).

In order to ensure transparency and parental involvement, **Lumen Christi Catholic Community** has created this consent form so that parents and guardians may provide authorization for **Lumen Christi Catholic Community** leaders to electronically communicate with minors. Such communications must comply with applicable **Lumen Christi Catholic Community** policies, including restrictions on private communications with minors.

I grant permission for staff or other leaders of **Lumen Christi Catholic Community** to communicate with My Child electronically. I understand that such communications are for **Lumen Christi Catholic Community** purposes only and may involve group communications relating to **Lumen Christi Catholic Community** activities. Further, I understand and authorize that such electronic communications may be made via text, email, telephone and cell phone, social media, digital networking, and other electronic means.

I acknowledge that to review or receive public communications shared via social media with My Child, I will need to have an account with the same social media platforms or become a fan or follower of the same social media. I also understand that communications may be accessible or viewable by others who are also fans or followers of the same social media.

This Disclosure, Authorizations, and Consent form is valid for one year.

If I choose to rescind this authorization and consent, I agree that I will inform **Lumen Christi Catholic Community** in writing and that this rescission will not take effect until it is received by **Lumen Christi Catholic Community**.

I have read the above Disclosure, Authorizations, and Consent, have had the opportunity to consider their terms, and understand them. I execute this document voluntarily and with knowledge of its significance.

Parent/Guardian Name (please print): _____

Email address: _____

Address: _____

Phone number: _____ Cell number: _____

Child Email address: _____

Signature of Parent/Guardian: _____ Date: _____

Electronic Signature: *By typing my signature below, I acknowledge and agree this electronic or digital signature is the legally binding equivalent to my handwritten signature. This electronic or digital signature has the same validity and meaning as my handwritten signature. By typing my signature below as guardian, I acknowledge and agree to the conditions above.*

Electronic/Digital Signature: _____

Please type your First and Last Name: _____

Date: _____