

SOUNDS OF JOY PROJECT

DADs Group Youth Participation Waiver & Consent Form

The Sounds of Joy Project DADs Group is designed to provide encouragement, mentorship, fellowship, and emotional support for male youth cancer survivors and youth currently undergoing treatment. Through outings and monthly check-ins, our goal is to uplift and support participants throughout their journey and beyond.

Child's Full Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
Age:	<input type="text"/>
Parent/Guardian Name:	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>
Emergency Contact:	<input type="text"/>

Acknowledgements

1. Sounds of Joy Project and the DADs Group are NOT licensed therapists, counselors, medical providers, or mental health professionals.
2. Participation may involve physical activity and inherent risks including injuries or accidents.
3. Sounds of Joy Project does NOT provide transportation to or from events unless stated otherwise.
4. Sounds of Joy Project does NOT provide emergency medical care. Emergency services will be contacted if necessary.
5. At least two adult male leaders/chaperones will be present during activities.
6. I voluntarily allow my child to participate and release Sounds of Joy Project, volunteers, organizers, and affiliates from liability except in cases of gross negligence.

Photo & Media Release

YES - I authorize photos/videos of my child for nonprofit purposes.

NO - I do not authorize photos/videos of my child.

Parent/Guardian Consent

I certify that I am the parent/legal guardian of the child listed above and that I have read, understood, and voluntarily agree to the terms outlined in this form. *Sounds of Joy Project* | www.sojproject.org