



# Let's Talk Offline Program Registration Form

*(Version 2024-2027)*

The Family Development Enterprise, Inc. (FDE) is a 501(c)(3) organization and a subsidiary of the Developmental Institute for Rural & Urban Excellence, Inc. (DIRUE), which operates three programs focused on helping residents of Louisiana overcome barriers to achieving healthy living, employment stability, and

education attainment.

This year, FDE is hosting its Let's Talk Offline: Building Key Communication Strategies among Youth Program (LTO) for children and youth between the ages of 10 and 19 years old in Louisiana (Morehouse and Ouachita Parishes) and Arkansas (Ashley County). The LTO program is designed to equip individuals with the social, emotional, and communication skills necessary to abstain from participating in risky behaviors.

If the participant lives in Louisiana (Morehouse and Ouachita Parishes) and Arkansas (Ashley County) and is between the ages of 10 and 19 years old, then they are eligible to join this program for free.

If you have any questions, please contact via at [info@letstalkoffline.org](mailto:info@letstalkoffline.org) or by phone at 870-550-9299 or 318-331-0809

**Learn about the program at <https://letstalkoffline.org/>** and follow us on Instagram @letstalkoffline.

<p><b>Please take a few minutes to register for the program. Please be sure to submit your supporting documentation after submitting this form.</b></p>	<p>Date</p>
<p>Parent/Guardian Full Name</p>	<p>Parent/ Guardian Phone Number</p>
<p>Parent/Guardian Email Address</p>	

Your Child's Full Name		Birthdate of Participant (month, day, year)
How old is the participant?	Participant is in	
	Middle School High School Not in School Other: _____	
Your Child's Home Address	Zip code (where they live)	
What is your child's sex? Female Male Prefer not to say Other	What is the participant's race? (Select one or more responses.) American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White or Caucasian	
Participant is or has experienced Foster Care Pregnant or Parenting Homelessness or is a Runaway Adjudicated system (juvenile system) LGBTQ youth None of above Prefer to not say		As a parent/guardian, I am interested in attending at least one session or workshop hosted by the organization. Yes No
Is the participant Hispanic or Latino? Yes No	Emergency Contact Name:	Emergency Contact Phone:

Full name of the person submitting this form

**By submitting this form, the participant and their guardian/parent is consenting to being contacted by Family Development Enterprise, Inc. and its agents/contractors for additional information and scheduling.**

**Thank you for completing your application for the Let's Talk Offline: Building Key Communication Strategies among Youth Program. Please be sure to print, sign, and scan your documents to email your supporting documents to [info@letstalkoffline.org](mailto:info@letstalkoffline.org) or provide the documents to program staff.**

### **Supporting documents are located in Appendix A-C**

#### **Appendix A**

#### **Publicity/Privacy Release Form**

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I \_\_\_\_\_ (insert full name) hereby grant Family Development Enterprise, Inc. and its agents/contractors permission to use, adapt, modify, reproduce, distribute, publicly perform, and display, in any form now known or later developed, the materials specified in this release (as indicated by my initials) throughout the world, by incorporating them into one or more Works and/or advertising and promotional materials relating thereto.

**This release is for but are not limited to the following materials (initial appropriate lines):**

\_\_\_\_\_ Name

\_\_\_\_\_ Voice

\_\_\_\_\_ Visual likeness (on photographs, illustrations, video, film, etc.)

\_\_\_\_\_ Photographs, graphics, or other audiovisual materials (reprints, bulletins, exhibitions, etc.)

\_\_\_\_\_ Publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet.

I warrant and represent that the materials identified above are either owned by me, and/or are original to me, and/or that I have full authority from the owner of the materials to grant this release.

I release Family Development Enterprise, Inc., its agents, contractors, employees, licensees, and assigns from any and all claims I may have now or in the future for invasion of privacy, right of publicity, copyright infringement, defamation, or any other cause of action arising out of the use, reproduction, adaption, distribution, broadcast, performance, or display of the works.

I waive any right to inspect or approve any works that we created containing the materials.

I acknowledge that I will not receive any compensation, etc. for the use of such pictures, video, publications, etc., and hereby release Family Development Enterprise, Inc. and its agents/contractors and assigns from any and all claims which arise out of or are in any way connected with such use. I understand and agree that Family Development Enterprise, Inc., is and shall be the exclusive owner of all right, title, and interest, including copyright, in the works, and any advertising or promotional materials containing the materials, except as to preexisting rights in any of the materials released hereunder.

I have read this release and am fully familiar with and **understand** this consent and its contents. **I give my consent to Family Development Enterprise, Inc. and its agents/contractors to use my name and likeness to promote its organization, fiscal agent, and/or their activities.**

\_\_\_\_\_  
Participant  
Typed or Printed Name

\_\_\_\_\_  
**Participant Signature** Date

\_\_\_\_\_  
Typed  
or Printed Name of Parent / Legal Guardian (if age 17 or under)

\_\_\_\_\_  
**Signature of Parent / legal guardian (if age 17 or under)** Date

***I do not give my consent*** to Family Development Enterprise, Inc. to use my name and likeness to promote the organization, its fiscal agent, and/or their activities.

\_\_\_\_\_  
Participant Signature \_\_\_\_\_  
Date

**Appendix B**

**Acknowledgement of Risk and Waiver of Liability for Family Development Enterprise, Inc.'s Programs and Services**

Print, sign, and scan to submit signed forms to [info@letstalkoffline.org](mailto:info@letstalkoffline.org)

Name of Participant: \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Age of Participant: \_\_\_\_\_

*Please read this Acknowledgement of Risk and Waiver of Liability for Family Development Enterprise, Inc.'s Programs and Services carefully and in its entirety; it is a binding legal document.*

By signature, with full knowledge of the facts and circumstances surrounding the Family Development Enterprise, Inc. offered Programs and Services, I acknowledge my child's participation in any of Family Development Enterprise, Inc. offered Programs and Services may expose him/her to actions, events, and environments that may be hazardous to his/her person and/or property. I acknowledge that I am solely responsible for any action that my child may participate in associated with Family Development Enterprise, Inc. offered Programs and Services or around it, regardless if occurring before, during or after the period of the Family Development Enterprise, Inc. offered Programs and Services.

I have adequate applicable insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my child's participation in Family Development Enterprise, Inc. offered Programs and Services, or otherwise understand that I am solely responsible for any medical costs that may directly or indirectly result from my child's participation in Family Development Enterprise, Inc. offered Programs and Services. I understand that there may be participant insurance available for some specific services and if so, that information will be shared with me for processing and handling of any claims.

I will indemnify and hold Family Development Enterprise, Inc., its employees, directors, officers, contractors, volunteers, and agents harmless with respect to any and all claims, injuries, and costs associated with my child's participation in Family Development Enterprise, Inc. offered Programs and Services.

It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall bind my spouse, the members of my family and my estate, heirs, administrators, personal representatives and assigns. I further agree to save and hold harmless, indemnify and defend Family Development

Enterprise, Inc. from any claim by the aforementioned parties arising out of my participation in the Family Development Enterprise, Inc. offered Programs and Services.

I recognize and acknowledge that Family Development Enterprise, Inc. makes no guarantees, warranties, representations, or other promises relative to the Family Development Enterprise, Inc. offered Programs and Services, and assumes no liability or responsibility for injury or property damage that my child may sustain as a result of participation in Family Development Enterprise, Inc. offered Programs and Services.

I further understand and agree that this is a release of liability and indemnity agreement, and it is intended to be as broad and inclusive as permitted by law. If any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect.

### **SIGNATURES**

In signing this Acknowledgement of Risk and Waiver of Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; and (b) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual and not a mere recital. Further, I certify that I am the parent or legal guardian of the above-named participant in Family Development Enterprise, Inc. offered Programs and Services. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a child. I acknowledge that my child and I have agreed to the terms and conditions of my child's participation in Family Development Enterprise, Inc. offered Programs and Services, and I hereby give my consent to participation by my child in Family Development Enterprise, Inc. offered Programs and Services, and to receive medical treatment determined to be necessary. I further agree to hold harmless, indemnify and defend Family Development Enterprise, Inc. and its agents, contractors, staff, and volunteers from and against all claims, demands or suits that my child has or may have.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **Appendix C: Parental/Guardian Permission Form**

The Family Development Enterprise, Inc. (FDE) is a 501(c)(3) organization and a subsidiary of the Developmental Institute for Rural & Urban Excellence, Inc. (DIRUE) which operates three programs focused on helping residents of Louisiana overcome barriers to achieving healthy living, employment stability, and education attainment.

FDE is hosting its Let's Talk Offline: Building Key Communication Strategies among Youth Programs (LTO) for children and youth between the ages of 10 and 19 years old in Morehouse and Ouachita Parishes in Louisiana and Ashley County (Arkansas). The LTO program is designed to equip individuals with the social, emotional, and communication skills necessary to abstain from participating in risky behaviors.

Participants in this program will discuss, participate in interactive activities, and complete documents that will ask about health behaviors, their knowledge on specific topics such as but not limited to Communicating Effectively; Mental Health; Personal Responsibility; Self-Regulation (managing

emotions and behaviors); Goal Setting; Plans after Graduating from High School; Getting a Job; Talking to Parents/Guardians about Hard Topics; Being Safe Online and on Social Media; Healthy Decision-Making; Healthy Relationships; Community Service; Leadership; Civic Engagement; Youth Organizing; Future Goals; Dating Violence; Sexually Transmitted Infections; HIV/AIDS; Pregnancy Prevention; Prevent Drinking Alcohol; Avoiding Sexual Activity; Prevent using Tobacco Products; Prevent using Drugs; Preventing others from doing things may result in trouble or may be harmful to self or others; etc.

The information collected from participants will be shared with specific contractors and funders of the program in order to assist with reporting progress and outcomes of the overall program. Family Development Enterprise, Inc., its partners, agents, contractors, staff, and volunteers are operating the program in good faith and are operating with the assumption that this program will cause little or no risk to your child during the planning, implementation, and evaluation of the program. The only potential risk is that some participants might find certain activities and questions to be sensitive. The program has been designed to protect your child's privacy during the sharing of information and data. Responses to specific questions or information gathered under confidentiality will not identify your child's name (outside of the parameters of the publicity release form) publicly without permission.

The program is free of charge and participants may stop participating in the program at any time. Please mark whether or not you want your child to participate in the program, print, sign and scan the form, and email it to [info@letstalkoffline.org](mailto:info@letstalkoffline.org). If you are unable to email the completed form please have your child return it (and other supplemental forms and application) to his or her facilitator and as soon as possible preferably prior to starting the first session.

If you have additional questions about the program that your child's facilitator cannot answer, please call Family Development Enterprise, Inc. at 870-550-9299. Thank you.

**Participant's name:** \_\_\_\_\_ Age: \_\_\_\_\_ I

have read this form and know what the program is about. Check one:

YES, my child may take part in this program.

NO, my child may not take part in this program.

Name of Parent: \_\_\_\_\_

**Signature of Parent:** \_\_\_\_\_ Date: \_\_\_\_\_