**Tribal Climate Change Listening Session with**

**U.S. Department of the Interior**

 **PARENTAL CONSENT FORM**

This form will serve as permission for your child (under the age of 18) to participate in the Tribal Climate Change Listening Session, hosted by the U.S. Department of the Interior, to be held virtually on Zoom, on Wednesday, October 13, 2021, 1 p.m. to 3 p.m. Eastern Time. Please carefully read and sign this parental consent form. Once you have signed, please email the signed form to Tribal.Climate@bia.gov and be sure to enter “Consent Form” in the Subject Line.

Child’s Name (printed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In connection with and consideration of my child’s (named above) participation in the TRIBAL CLIMATE CHANGE LISTENING SESSION, I, on behalf of my child and myself, my heir(s), personal representative(s), and assign(s), hereby represent and agree to the following:

* I understand that the TRIBAL CLIMATE CHANGE LISTENING SESSION is a public session hosted virtually through Zoom by officials of the U.S. Department of the Interior specifically to obtain the input of individuals under the age of 18 on the topic on climate change.
* I understand that my child will be a participant in the TRIBAL CLIMATE CHANGE LISTENING SESSION, and that my child’s participation may consist of offering opinions and thoughts on climate change by speaking at the SESSION and/or by typing into the Zoom “chat” at the SESSION, I hereby give my permission for him/her to participate in that capacity.
* I grant the U.S. Department of the Interior and its bureaus and offices permission to use the ideas my child may provide during their participation in the TRIBAL CLIMATE CHANGE LISTENING SESSION; however, I reserve the right to have my child participate in the TRIBAL CLIMATE CHANGE LISTENING SESSION without use of the video component, profile image, or audio (i.e., “chat” only) if I so choose. No direct attribution of quotations or other personally identifying information will be included in any follow-up reporting (including name, age, location, or student’s image).
* I agree that this agreement shall be governed by the laws of the District of Columbia with giving any choice or conflict of laws principles of any jurisdiction, and if any portion of this agreement is held invalid, the remainder of the agreement shall continue in full force and effect.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ, FULLY UNDERSTAND AND AGREE TO THE TERMS OF THIS AGREEMENT, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

PARENT/LEGAL GUARDIAN NAME (printed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/LEGAL GUARDIAN *SIGNATURE*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_