

MY LIFE



Child(ren)'s Name(s): _____ Guardian Name: _____

PCA's Name (if applicable): _____

Adventure Program Site (if applicable): _____

Address: _____ City/ State/Zip: _____

Phone: _____ Email: _____

I give permission to St. David's Center to responsibly post stories and photographs about the individual(s) indicated above on their My Life page at www.stdavidscenter.org/mylife. I am aware that all information shared on My Life is posted on the Internet and available for the general public; any individual with Internet access can see what is posted.

I understand that:

- These stories and photos will only be entered with the assistance of a St. David's Center staff member.
- Before being posted on the live page, the information will be reviewed internally by St. David's Center to reduce the likelihood that potentially harmful or identifying information is shared.
- St. David's Center expressly disclaims any responsibility for any harm, damage or other injury that my child may experience or incur by posting personal or confidential information on My Life.

St. David's Center may contact me with any questions or concerns regarding the information posted on My Life.

Guardian Signature: _____

Date: _____

Please sign and date the permission form and deliver to St. David's Center via:

Mail: St. David's Center ATTN: CRD 3395 Plymouth Road, Minnetonka, MN 55305

Fax: St. David's Center ATTN: CRD 952-939-9266

Scan and e-mail: mylife@stdavidscenter.org