



## Consent & Release Form

Your Name: \_\_\_\_\_

Incarcerated Institution (if applicable): \_\_\_\_\_

Inmate #: \_\_\_\_\_

Your Relationship to Child: \_\_\_\_\_

### Child Identification Details:

Child's Full Legal Name: \_\_\_\_\_

Child's Month & Year Birth: \_\_\_\_ / \_\_\_\_

Known Guardian/Caregiver Name: \_\_\_\_\_

Last Known City, State: \_\_\_\_\_

School Name (if known): \_\_\_\_\_

Social Media Handle (if any): \_\_\_\_\_

Nickname or Shared Memory: \_\_\_\_\_

### Purpose of This Form:

By signing this agreement, you acknowledge and consent to the collection, secure storage, and eventual delivery of your submitted audio, video, or written messages to your child through the Healing Ground platform.

### What You Are Consenting To:

1. I understand that the material I submit (e.g., video, audio, letters, artwork) will be securely stored and may be reviewed by Healing Ground staff before delivery.
2. I grant Healing Ground permission to store, catalog, and deliver these materials to the intended child at an appropriate time (typically the age of majority or a milestone date).
3. I confirm that I am the legal parent or guardian of the child named above, or have lawful standing to send messages to them.



## Consent & Release Form

4. I understand that Healing Ground will make every reasonable effort to connect the message with the correct person but is not obligated to deliver materials if:

- Content violates legal, safety, or ethical guidelines
- Identity or intent cannot be verified

5. I waive any liability claims against Healing Ground, its affiliates, and team for delivery outcomes or content preservation loss beyond reasonable control.

Security Questions (to help confirm child's identity at delivery):

1. What nickname do you call your child? \_\_\_\_\_
2. What was the last gift you gave them? \_\_\_\_\_
3. What cartoon or show did they love? \_\_\_\_\_
4. What's a secret or memory only your child would know? \_\_\_\_\_
5. Some other way to confirm identity: \_\_\_\_\_

Optional Media Use (initial if consenting):

☐ I authorize Healing Ground to use anonymous versions of my submission (excluding names or identifying details) for education, training, or promotional purposes.

Acknowledgment and Signature:

By signing this document, I voluntarily consent to the collection, secure storage, and future delivery of personal messages for my child, which may include video, audio, letters, or other personal media. I understand this information may be reviewed for compliance with Healing Ground's ethical and safety standards.

I affirm that I am the legal parent or guardian of the child listed, or otherwise have lawful authority to deliver messages to this child.

I release and hold harmless Healing Ground, Rocky But Straight, Inc., and its staff or agents from any liability arising out of the submission, storage, or future delivery of my messages, including delays, data loss, or emotional consequences.



## Consent & Release Form

I retain ownership of my content but grant Healing Ground the right to securely store, catalog, and deliver this content under the conditions described. Content may be deleted if it violates community standards or legal restrictions.

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

For Internal Use Only:

Submission received on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Verified by staff: ☐ Yes ☐ No

Scheduled delivery date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

File Location: \_\_\_\_\_