

## HOT DISH ACTION TEAM – PARENTAL CONSENT

### Hot Dish Participant (Child) Information

\_\_\_\_\_  
Name of Participant (Child)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Email Address of Participant Used in Hot Dish

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Parent or Guardian Contact

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Parent or Guardian Email Address

I have read the Hot Dish Action Team Terms of Use and Official Rules at  
<http://apps.facebook.com/hotdish/?p=tos>

I hereby give consent for my child to participate in the Hot Dish Action Team.

### Signatures

\_\_\_\_\_  
Parent/Guardian (circle one)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (circle one)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Please return this form to Hot Dish Action Team, c/o Grist.org, 710 Second Avenue, Suite 860, Seattle, Wa. 98104 OR fax 206-299-3070 – in order to activate the account for the child specified above. Please direct questions to [support@newscloud.com](mailto:support@newscloud.com).