

**THE STORY BUS
MINOR PARTICIPATION & PARENT/GUARDIAN CONSENT FORM**

A Service of Fyffe Media Company LLC

This form must be completed and signed by a parent or legal guardian before any participant under the age of eighteen (18) may participate in a Story Bus recording session.

MINOR INFORMATION

Minor's Full Name: _____

Date of Birth: _____

Age: _____

PARENT OR LEGAL GUARDIAN INFORMATION

Full Name: _____

Relationship to Minor: _____

Address: _____

Phone: _____

Email: _____

Session Date:

Package:

- Short Ride
- Scenic Route
- Full Journey

Recording Type:

- Audio Only
 - Video
 - Zoom
 - In-Home
 - Outdoor
- Other: _____

CONSENT TO PARTICIPATE

- I am the parent or legal guardian of the minor identified above.
- I voluntarily authorize the minor to participate in a Story Bus recording session.
- I understand that participation may include:
 - Audio recording
 - Video recording
 - Conversation and storytelling
 - Family participation
 - Transcript preparation
 - Written Legacy Keepsake preparation
 - Related Story Bus services

I understand that participation is voluntary.

I understand that the minor may:

- Decline any question
- Decline any topic
- Request a break
- Pause recording
- Stop recording
- End participation at any time

ACKNOWLEDGMENT OF NATURE OF THE SERVICE

- I understand that The Story Bus exists to help preserve voice, personality, stories, memories, humor, wisdom, family history, and life experiences.
- I understand that sessions are intended to feel conversational rather than scripted.
- I understand that participants are encouraged to speak naturally and authentically.

OWNERSHIP AND DELIVERY

- I understand that ownership and delivery rights are governed by the Story Bus Recording & Participation Agreement.

I understand that recordings and deliverables will be provided to the purchasing client or authorized recipient identified during the booking process.

I understand that participation by the minor does not transfer ownership of recordings to the minor.

PRIVACY

I understand that Story Bus recordings are intended to remain private unless separate written authorization is provided.

I understand that participation alone does not grant permission for public use.

I understand that any public use of recordings, photographs, transcripts, testimonials, audio clips, video clips, or related materials requires a separate signed Media Release & Public Use Authorization Form.

AI-ASSISTED PROCESSING

I understand that The Story Bus may utilize AI-assisted tools and software to assist with:

- Transcription
- Organization
- Editing
- Written Legacy Keepsake preparation
- Quality control

I understand that AI-assisted processing may be combined with human review and editing.

HEALTH, SAFETY, AND WELL-BEING

I acknowledge that memories, emotions, and personal experiences may arise during a recording session.

I understand that participation is voluntary and may be discontinued at any time if the minor becomes uncomfortable.

I agree to notify The Story Bus of any concerns that may affect participation.

EMERGENCY CONTACT

Emergency Contact Name: _____

Relationship: _____

Phone: _____

PARENT/GUARDIAN CERTIFICATION

By signing below, I certify that:

- I am the parent or legal guardian of the minor listed above.
 - I have authority to grant this consent.
 - I have read and understand this form.
 - I voluntarily authorize the minor to participate in Story Bus services.
 - I understand that participation may be discontinued at any time.
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PARENT OR LEGAL GUARDIAN SIGNATURE

Signature: _____

Printed Name: _____

Date: _____

THE STORY BUS

A Service of Fyffe Media Company LLC

Representative Signature: _____

Printed Name: _____

Date: _____