



PATHWAYPIXEL

GAMING WITH PURPOSE. EMPOWERING NEURODIVERSE JOURNEYS

Parental Consent Form for Minors

This form is designed to obtain parental or guardian consent for minors participating in our gaming mentorship program. It ensures that parents or guardians are informed about the activities, data usage, and safety protocols in place.

Parental Consent Form for Participation in PathWayPixel Gaming Mentorship Program

Participant Information

- Minor's Full Name: _____
 - Date of Birth: _____
 - Parent/Guardian Name: _____
 - Contact Information (Phone/Email): _____
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1. Program Description

At **PathWayPixel**, we provide gaming mentorship sessions tailored for neurodivergent individuals (e.g., ADHD, autism) aged 8-25. These sessions include structured gameplay, skill-building activities, and emotional support. The program focuses on fostering growth, confidence, and communication skills through gaming.

2. Activities Involved

During the mentorship sessions, your child may:

- Play age-appropriate games such as Minecraft, Roblox, and Fortnite.
- Engage in discussions and teamwork exercises.
- Participate in mentor-led skill-building activities.

3. Consent for Participation

I, the undersigned, grant permission for my child to participate in the PathWayPixel program, including all scheduled activities and gameplay sessions.

Yes No

4. Consent for Recorded Sessions

Sessions may be recorded for safety, training, and quality assurance purposes. Recordings will be stored securely and deleted after [state time frame, e.g., 3 months], unless required for legal or safeguarding purposes.

I consent to session recordings.

I do NOT consent to session recordings.

5. Consent for Gaming Platforms

The program uses platforms like Discord for communication and gameplay, with strict safety measures in place. By signing this form, you acknowledge and consent to your child's use of these platforms under mentor supervision.

Yes No

6. Data Protection and Privacy

All data collected during sessions will be stored securely in compliance with GDPR. This includes:

- Session progress reports.
- Contact information.
- Any shared information during sessions (e.g., gameplay feedback, skill progress).

I understand and consent to the collection and processing of my child's data as outlined above.

7. Emergency Contact Information

In case of an emergency during a session, please provide an alternate contact:

- Name: _____
 - Phone: _____
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8. Behavioral Expectations

PathWayPixel fosters a respectful, inclusive environment. All participants are expected to adhere to the **Client Code of Conduct**, which prohibits harassment,

bullying, and inappropriate behavior. Parents will be notified of any violations.
I acknowledge and will ensure my child understands the behavioral expectations.

9. Acknowledgment and Agreement

I confirm that:

- I have read and understood the terms and conditions of my child's participation in PathWayPixel.
- I agree to adhere to the outlined policies and guidelines, including data protection and safeguarding measures.
- I understand that I may withdraw my consent at any time by providing written notice.

Signature of Parent/Guardian: _____

Date: _____