



American Heart Association
AMERICAN HEART CHALLENGE™

ONLINE PERMISSION FORM

Dear Parent/Guardian,

Our school is making a difference! We are taking part in the **American Heart Challenge**, a **service-learning program** that gives students the opportunity to feel good, while doing good. With your permission, we will help your student take a heart healthy challenge for the American Heart Association and send emails to family and friends to ask for support in **raising funds and awareness** for things like **congenital heart defects, CPR training, mental well-being** and to **help end heart disease and stroke**. You and your student can sign in at home anytime to check his or her progress, send more emails or share on social media. We'll need just a few pieces of information to get started in class.

- Personal Email Address: _____
- Desired Username: _____
- Desired Password: _____
Password must be at least 7 characters and contain at least one number.

Help your student get started. Please list the email addresses of family and friends who'd appreciate receiving a message from your student (please print clearly):

- | | | | |
|--------------------------------|----------------------|---------------------------------|----------------------|
| <input type="text" value="1"/> | <input type="text"/> | <input type="text" value="6"/> | <input type="text"/> |
| <input type="text" value="2"/> | <input type="text"/> | <input type="text" value="7"/> | <input type="text"/> |
| <input type="text" value="3"/> | <input type="text"/> | <input type="text" value="8"/> | <input type="text"/> |
| <input type="text" value="4"/> | <input type="text"/> | <input type="text" value="9"/> | <input type="text"/> |
| <input type="text" value="5"/> | <input type="text"/> | <input type="text" value="10"/> | <input type="text"/> |

AMERICAN HEART CHALLENGE RELEASE AND INDEMNIFICATION, I represent that I am the parent or guardian of a child who intends to participate in the American Heart Association's American Heart Challenge program. I agree and acknowledge that my child may participate in American Heart Challenge and the on-line fundraising program. This site allows participants to track their individual & school's progress while having access to the AHA's educational and fundraising resources. My child has the option of including a photo and/or video on their site as well as sending out e-mails to family and friends in support of their participation with American Heart Challenge. I further confirm that I agree with the terms of the parent permission form for this event DATA PRIVACY: The AHA values your privacy and commits to protecting all information you give us. By agreeing to these terms, you are also agreeing to our Privacy Policy explained at www.heart.org/Privacy.

I have read this information and grant permission. I do not grant permission.

Parent/Guardian Signature: _____ Date: _____



Get started today by downloading the AHA Schools App or by visiting

HEART.ORG/SCHOOLS

