

# Parental Consent

Naturally, the safety of children is very important to us. Salem Web Network will not knowingly accept personal information from children under the age of 13 without obtaining parental consent. Such consent may be obtained by **a parent filling out and signing the form below** and returning the form via United States mail, email or fax.

If a parent wishes to refuse to permit collection or use of their child's information by Salem Web Network, that parent can send an email to [info@salemwebnetwork.com](mailto:info@salemwebnetwork.com) to request deletion of their child's account.

Please FAX or email the form below to: Salem Web Network  
FAX: 804-205-9651  
Email: [info@salemwebnetwork.com](mailto:info@salemwebnetwork.com)

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_ ("Child"), a child under the age of 13. I understand that I am authorizing the Child to have full access to Salem Web Network websites and the products and services it provides ("Service"). I understand that the Child will be sent an email newsletter and have access to various commercial products including advertising links to sites located outside and not under the control of Salem Web Network.

I have read the Salem Web Network Privacy Policy and Terms of Use and hereby consent and agree to the terms and conditions contained therein. I also understand that the Service may provide links to other Web sites and Services not under the direct control of Salem Web Network, and that it may not always be clear to me or my Child when we leave the Salem's Web sites to receive content from another Web site or provider. As a result I agree that Salem Web Network will not be liable for any damages incurred by the Child, either directly or indirectly, from the use of the Service.

I recognize that I can remove the personal information of the Child from any and all customer lists maintained by Salem Web Network.

Name [print]: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Current email address: \_\_\_\_\_

\*Social Security number: \_\_\_\_\_

\*Drivers License number: \_\_\_\_\_ State: \_\_\_\_\_

*\* We request the above information only for the purpose of confirming identity and preventing forgery of this form.*

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