

## **PARTICIPATION APPROVAL**

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I hereby give my permission for my child to participate in the Situation Room Experience. I understand that the simulation is designed to simulate a crisis Situation.

Furthermore, I acknowledge the fact that the scenario will be completely fictional and is intended to be educational, not political.

I understand that as part of the Situation Room Experience, students are encouraged to visit [situationroom.archives.gov](http://situationroom.archives.gov), which may automatically collect information from the student to make the site more interesting and useful, such as IP address or mobile device identifier. I also understand that students are encouraged to post and engage with the National Archives on social media about their Situation Room Experience with #SitRoomExp or @SitRoomExp, and are likely to post photos of themselves and other students.

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**School/Group Name**

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**Student Name**

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**Parent/Guardian Signature**

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