

I, _____ (parent's name), the parent or legal guardian of _____ (child's name), have had the opportunity to review the privacy policy at <http://www.piquebeyond.com/> ("Pique"). I authorize my child to fully participate in the Pique site.

I understand that in consenting, I am enabling my child to communicate with piquebeyond.com, including sending and receiving emails or similar messenger system, receiving newsletters, entering contests, and posting pictures and videos in which my child may appear.

I understand that by giving my consent I am allowing only the Pique site to collect my child's personal information, which may include first and last name, email address, pictures and/or videos and geolocation information, and understand that this information will never be disclosed to third parties, unless disclosure is integral to the Pique site, in which case this will be made clear to me.

I understand that participation in some of the activities on the Pique site may enable my child to share pictures, comments, and questions that will be publically posted or shared. I further understand that what other site users do with this information is beyond the control of the Pique site.

I understand that I may withdraw my permission granted herein, with written notice as set forth in the Pique site's privacy policy, which can be found at <http://www.piquebeyond.com/privacy-policy/> at any time.

I also understand that it is important to provide accurate information in this consent form in the event that Pique needs to contact with me any issues or concerns regarding my child's submissions. In addition, I am aware that I will have the opportunity to access the information my child has submitted to review and/or have the information deleted. Pique may also use the contact information given below in the event my child wins any contests.

I represent and warrant that the information provided below is true and accurate and is provided for the purpose of consenting to my child's registration with Pique site.

Parent's signature:

Dated: ____/____/____.

PLEASE PRINT LEGIBLY

Parent's name: _____

Parent's email address: _____

Child's es mail
address: _____

Child's date of birth: ____/____/____

Please send an electronic scan, hardcopy original or fax the completed form to:

ABRAMS
195 Broadway
New York, NY 10007
Fax: (212) 519-1210
Email: abrams@abramsbooks.com

Parents and legal guardians may review personal information we have collected about their child, request deletion or refuse to allow further collection or use of the information. To do so, please contact Abrams Books, 195 Broadway, New York, NY 10007, abrams@abramsbooks.com, (212) 519-1210.