



PARENT/GUARDIAN CONSENT AND LIABILITY RELEASE FORM

I, _____ ,

give my consent for my child: _____

to participate in Flourish Mentoring Program Incorporated. I will also give consent for my child to participate in all Flourish Mentoring Program Incorporated activities; including all organized activities and transportation. In consideration of the advantages of participation in the Flourish Mentoring Program, the undersigned agrees that the mentors, its agents, and its employees shall be released and exempt from any liability for damages for bodily injuries or property damages that may occur as a result of participation in the Flourish Mentoring Program , except to the extent of insurance liability as provided by law.

Signature and Date

Print Name Relationship to child

Address: _____

City Zip _____

Home Phone Number: _____

Mobile/Pager Phone Number: _____

Work Phone Number: _____

Email Address: _____

Language Spoken by Parent/Guardian: _____

Emergency Contact and Phone(s): _____

I give permission for my child to take pictures that may or may not be used in the marketing of Flourish Mentoring Program Incorporated.

Yes: ___ or

No: ___

Will you be able to help with transportation of your child to meet for weekly meetings?

Yes: ___ or

No: ___

On a scale of 1 to 5 (1 being the least and 5 being the most) how involved will you be in this program?

UNINVOLVED 1 2 3 4 5 VERY INVOLVED (please circle one)

Please write here why you think your child would benefit from the program

You've completed the consent form!