

Liability, Photo and information Release form for the “Mental Fitness 4 Teens” Winter Retreat.

I hereby give permission for my child _____, to participate in the Winter Mental Wellness Workshop under staff/volunteer supervision, and agree to hold harmless Lone Girl and the volunteers from any liability, injury, or loss arising out of my child’s participation in this workshop.

Parent Signature

Date

I hereby give permission for the use of photos including my child to be used for promotional purposes only for future events.

Parent Signature

Date

Please indicate any medical conditions, food allergies or other information we should be aware of during the workshop.

Emergency Contact Information:

Phone number of the Parent or Guardian