

***Liability, Photo and information Release form for the "Mental Fitness 4  
Teens" Retreat.***

I hereby give permission for my child \_\_\_\_\_, to participate in the Mental Fitness For Teens Workshop under staff/volunteer supervision, and agree to hold harmless sponsors, facilities 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