



Girls Thriving Participation Release Form

Consent to Participate in Girls Thriving at Fresh Start Women's Resource Center

I am the Parent or Legal Guardian of the youth named below whom is to participate in Girls Thriving at Fresh Start Women's Resource Center. I am aware that there are potential hazards and risks involved in some programs. I am willingly allowing the youth to participate in all aspects of the program under the supervision of Fresh Start Women's Resource Center Program staff and volunteers. I agree to hold harmless and indemnify Fresh Start Women's Resource Center, its Board of Trustees, and/or its employees, agents, or lessors from any and all claims by myself, my teen, my heirs, my family, or my assigns.

_____ **Initial**

Registration In order to participate in any and all Girls Thriving sessions, a complete registration form must have previously been submitted online or in person. I verify that registration has been completed for the youth named below.

_____ **Initial**

Attendance and Punctuality In order to respect the time of presenters and other participants, I understand the necessity of my youth's punctuality to each session. I also understand that my youth's presence at all sessions is crucial to their take away from the Girls Thriving program. As such, I guarantee my youth's on-time arrival to all sessions and on-time pick up at the designated end time.

_____ **Initial**

Curriculum I understand that Girls Thriving will cover an array of topics, including but not limited to the following: Self-Esteem, Communication, Boundaries, Healthy Relationships, Values, Reproductive Health, Wellness, and Goal Setting.

_____ **Initial**

Consent to Use Photographs I give my consent to Fresh Start Women's Resource Center to use videos and/or photographs of my teen for brochures, to display in photo albums, in advertisements, or for other publicity purposes. If my teen's photo is used, she will only be identified by first name.

_____ **Yes** _____ **No**

Youth's Name

Parent or Guardian's Name

Parent or Guardian's Signature

Date