



STUDENT PERMISSION FORM

Student's Name _____

Release of Liability

I hereby grant my permission for the above named student to participate in the Flower of Life Center for Human Evolution Conscious Youth Program and its affiliated activities, including permission for photography and video recording for promotional purposes.

I understand this program is an educational experience with hands-on activities, teamwork, and building of self-confidence. I further understand that I may ask any and all questions prior to signing this consent form.

I, therefore, agree to assume any and all risk for above-mentioned individual to be involved in the Flower of Life Center for Human Evolution Conscious Youth program and other activities related directly or indirectly to it.

In case of emergency, I authorize Flower of Life Center for Human Evolution, Soul Space LLC, and/or accompanying chaperone to obtain medical aid for the above named student, if they deem necessary.

Parent/Guardian Signature Date

Signature is required. Unsigned applications will not be accepted.

HOLD HARMLESS AGREEMENT

In the event of an accident, illness, or injury, and the persons on the Student Permission Form cannot be reached; I hereby give Flower of Life Center for Human Evolution Conscious Youth personnel permission to take action as deemed necessary in the best interest of my child.

Furthermore, I take full responsibility for any damage that might occur to Flower of Life Center for Human Evolution, or Soul Space LLC property caused by my child. I understand this program is designed for "hands-on" activities, teamwork, and self-confidence. I agree not to hold the Flower of Life Center for Human Evolution, Soul Space LLC., Ethann Fox, any sponsoring agencies, and/or its staff or representatives liable in any way for mishaps which could occur due to the nature of the activity in which my child is engaged. I also understand that the Flower of Life Center for Human Evolution staff reserves the right to terminate the participation of my child when it is deemed to be in the best interest of either the child, or the Flower of Life Center for Human Evolution Conscious Youth Program, as determined by the Flower of Life Center for Human Evolution staff.

Parent/ Guardian Signature: _____ Date _____

Signature is required. Unsigned applications will not be accepted.

Student's Information

School: _____

Home Phone: Work Phone: _____

Cell Phone: _____

In Case of Emergency Notify: Phone: _____

Family Physician: Phone: _____

Family Insurance Company: _____

Policy Number: _____

Allergies: _____

Medications: _____

My son/daughter has permission to use the following over-the-counter medications:

Other Medical and/or Notes:

(PLEASE USE BACK FOR ANY ADDITIONAL NOTES/COMMENTS)