



THE **Mediation**  
mentor®

## WORKSHOP CONSENT FORM

TO REGISTER: email  
themediationmentor@gmail.com

\*Have more than one student attending? Please complete a separate form for each child.

### EMERGENCY CONTACT INFORMATION

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_  
Parent completing form: \_\_\_\_\_ Phone: \_\_\_\_\_  
Alternate Contact: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

### DROP OFF/DEPARTURE

Names of people authorized to pick up (list here):  
\_\_\_\_\_

Authorization for child to leave the workshop unaccompanied at the end of the workshop  
day: \_\_\_\_\_ YES \_\_\_\_\_ NO

### HEALTH HISTORY

List any major allergy or medical conditions:  
\_\_\_\_\_

List any current medications:  
\_\_\_\_\_

### CONFIDENTIALITY

I understand that the program may be described in written publications but that no information will be provided that could identify any individual participants in the program. I give my consent for **THE MEDIATION MENTOR** to use artwork, images or quotations made by my child in workshop brochures, literature, or other public relations activities. My child will not be identified by his or her real name.

### LEGALITY

I/We, (parents/guardian name) \_\_\_\_\_, being the parent(s) or legal guardian(s) for \_\_\_\_\_, hereby release, discharge, and hold harmless, **THE MEDIATION MENTOR**, and their officers, trustees, agents, and employees from and against all losses, claims, actions, costs, expenses and/or damages, including attorney fees, arising out of my/our child's participation in **THE MEDIATION MENTOR'S** workshops, except for the willful misconduct or gross negligence of **THE MEDIATION MENTOR**.

I/We have carefully read this release prior to its execution and I/we fully understand its contents.

Parent/Guardian signature \_\_\_\_\_  
Date: \_\_\_\_\_