



# Florida Community of Mindfulness

## FCM Family & Teen Program Parent/Guardian Permission to Participate

**CHILD/YOUTH'S NAME (1):** First \_\_\_\_\_ Last \_\_\_\_\_

Birth day \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

**CHILD/YOUTH'S NAME (2):** First \_\_\_\_\_ Last \_\_\_\_\_

Birth day \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

**CHILD/YOUTH'S NAME (3):** First \_\_\_\_\_ Last \_\_\_\_\_

Birth day \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Permission to Accompany: Name/relationship** of any other person that has permission to bring your child to the program, or pick them up from the program: \_\_\_\_\_

**SPECIAL MEDICAL OR ALLERGY INFORMATION OR SPECIAL NEEDS** that the FCM Family Program should know about: \_\_\_\_\_

**EMERGENCY INFORMATION in case parent cannot be reached:**

Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

### **AGREEMENT AND RELEASE OF LIABILITY:**

*I hereby allow the release of photographs produced by FCM to be used for FCM-related purposes and publicity. As legal guardian of the minor(s) who participate(s) in the FCM Family Program, I release the Florida Community of Mindfulness and its teachers, staff, members and volunteers from any and all liability for any injury my child may incur, or any loss or damage to my or my child's property, in connection with my child or children's participation in FCM's Family Program or any other FCM program. I will indemnify and hold harmless Florida Community of Mindfulness (FCM) and its agents from all claims, judgments, and costs incurred with any action that may be brought as a result of the minor's participation in FCM programs.*

I understand and agree to these terms:

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