



# Girls Thriving Participation Release Form

## Consent to Participate in Girls Thriving at Fresh Start Women's Foundation

I am the Parent or Legal Guardian of the youth named below whom is to participate in Girls Thriving at the Fresh Start Women's Foundation Resource Center. I am aware that there may be potential risks involved in some programs that include physical activity or use of arts and crafts materials, etc. I am allowing the youth named below to participate in all aspects of the program under the supervision of Fresh Start Women's Foundation Program staff. Participation can include activities provided by vetted and pre-approved volunteers and partners; including but not limited to Girls Rule Foundation and Eve's Place, Inc. I agree to hold harmless and indemnify Fresh Start Women's Foundation, its Board of Directors and/or its employees, agents, partners, or volunteers 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 Foundation 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