Consent for Young Person to Attend Re-evaluation Counseling Workshop, Class Series, Ongoing Support Groups, and/or Other Events

| Ι | would like to participate in the following Re-evaluation Counselling event(s) |
|---|---|
| WORKSHOP: | |
| | |
| ONGOING SUPPORT GROUP: _ | |
| The event is led by | and organized by |
| It will occur: | |
| at the following location: | |
| I have the support of my parent or guardian who | |
| (Signature of young person) | |
| I am the parent or guardian of Re-evaluation Counseling event(s) described abov | , age, and I consent for them to participate in the ve. |
| I understand that some or all of the following acti | ivities may occur at the RC event(s): |
| ➤ Co-Counseling sessions | |
| Co-Counseling support groups | |
| ▷ Classes in the theory and practice of Re-evaluate | ation Counseling. |
| ► Mealtime discussions | |
| Physical activities that may include but ar wrestling, and dancing. | re not limited to: swimming, basketball, hiking, games (indoor and outdoor), |
| (initial) | |
| I have either read information about Re-evaluation ordered at www.rationalisland.com) or participated | n Counseling (which can be found at www.reevaluationcounseling.org, or publications I in Re-evaluation Counseling myself. |
| (Organizer, choose one of the following for your f | form) |
| I understand that there will be no adults (no o | one age 18 or older) at the RC event(s). |
| | c(s) (at least one person age 18 or older) at the event, there may be times when there or in the group they are meeting in at the time. |
| | oup activity, and I therefore release the event leader and organizer, and the International y and all claims of any kind arising from from negligence or fault. |
| | |

Signed by parent or guardian

Date: ____

Comments: ____