



## CONSENT AND RELEASE

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The Program is designed primarily for religious, educational, instructional or informational purposes.

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I acknowledge that I am participating in the Program voluntarily and that all statements and views expressed by me in connection with the Program are my own.

**[If participant is under the age of 18, a parent or legal guardian must sign to authorize this agreement]**

**Signature of participant:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Signature of Parent/Guardian, if required:** \_\_\_\_\_

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

**City/State/Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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