

## PARENT/GUARDIAN CONSENT AND LIABILITY RELEASE FORM

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I, \_\_\_\_\_, give my consent for the DITR Program at The Church without Walls to match my child, \_\_\_\_\_

\_\_\_\_\_,  
with a mentor at the church. I will also give consent for my child to participate in all Youth Mentor Program activities; including all organized activities and transportation. In consideration of the advantages of participation in the DITR Mentor Program, the undersigned agrees that the its agents, and its employees shall be released and exempt from any liability for damages for bodily injuries or property damages that may occur as a result of participation of the DIITR, except to the extent of insurance liability as provided by law.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Print Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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Home Phone Number \_\_\_\_\_ Mobile/ Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

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

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Emergency Contact and Phone(s) \_\_\_\_\_

Will you be able to help with transportation of your child to meet with the mentor?  
Yes or No

On a scale of 1 to 5 (1 being the least and 5 being the most) how involved will you be in this program?

UNINVOLVED   1   2   3   4   5 VERY INVOLVED

Please write here why you think your child would benefit from the program and list anything of interest, i.e. special needs or concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_