

## BRAVE PROGRAMS PARENTAL CONSENT FORM

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_M\_\_\_F  
Parent's Name(s) \_\_\_\_\_ City/State \_\_\_\_\_  
EMAIL: \_\_\_\_\_ Telephone# \_\_\_\_\_

I \_\_\_\_\_, authorize my son / daughter, \_\_\_\_\_, to attend the upcoming safety education BRAVE Program offered by The Joyful Child Foundation and (school, group or agency) \_\_\_\_\_ at (location), \_\_\_\_\_ on (date) \_\_\_\_\_.

My signature below hereby acknowledges and confirms to The Joyful Child Foundation, the host agency, and the BRAVE Instructors, collectively, my consent and agreement to the following:

- Sensitive subject matter will be discussed during the BRAVE Program.
- The BRAVE Program involves learning and practicing various physical skills and techniques. I assume all risk of possible risks of injury incident to participating in this BRAVE Program on behalf of my son/daughter.
- My son/daughter is physically fit to participate in this BRAVE Program, and I will inform the Instructors in advance of this BRAVE Program's commencement of any limitations or medical concerns.

The various physical techniques presented in the BRAVE Program cannot be successfully employed in every situation and proficiency can only be achieved through continued practice, exercise of good judgment, and a person's natural ability.

- In no way does attending or participating in a BRAVE Program guarantee my son's/daughter's personal safety.

### Emergency Medical Treatment:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me at the above numbers, contact:

|       |         |               |
|-------|---------|---------------|
| Name: | Phone : | Relationship: |
|-------|---------|---------------|

My signature also releases The Joyful Child Foundation, BRAVE Program Instructors, and their sponsors and hosts, and agrees to hold them harmless, from any liability for injury that may be incurred as a result of the BRAVE Program(s), or use of the strategies within.

My signature also grants permission for my child's image to be recorded by photo or video for the purpose of training and/or promoting the BRAVE Programs and The Joyful Child Foundation. Please initial here if you do not wish to give this permission. (\_\_\_\_)

I HAVE READ AND I UNDERSTAND THE ABOVE WAIVER AND RELEASE.

\_\_\_\_\_  
(Parent or Legal Guardian)

Date \_\_\_\_\_