

**PLEASE FILL OUT BOTH PAGES OF THIS FORM. SUBMIT VIA EMAIL TO
INFO@MINDSETMIGRATION.ORG. SUBMIT ONLY ONE FORM PER CHILD.**

**Authorization for Medical Treatment & Emergency Contact
Mindset Migration**

STUDENT NAME _____

EMERGENCY CONTACT

Parent's Name _____

Employer _____

Address _____

Telephone _____ Cell Phone _____

Additional Contact Name _____

Employer _____

Address _____

Telephone _____ Cell Phone _____

ALLERGIES OF CHILD

Any other information concerning your child (e.g., special characteristics or learning style) that might help us provide him/her with the best possible experience in our workshop(s):

AUTHORIZATIONS

I. In the event that I (we) cannot be reached to make arrangements for emergency medical attention, I (we) authorize Mindset Migration to take my child to the nearest medical facility for necessary treatments. If time allows, please call Dr. _____
Phone # _____.

(By typing your name here, you agree that this is valid as your signature)

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PHOTO AUTHORIZATION

I, _____, give permission for my child, _____, to be photographed for editorial, promotional, and audiovisual presentations by Mindset Migration. I consent to reproduction and use of these photographs and understand that my child's name will not be used.

Parent's Signature Date

RELEASE OF LIABILITY FOR STUDENTS

Please read carefully before signing; parent/guardian must sign if the student is under age 18.

I, _____, Parent/Guardian of _____ ("my child"), hereby acknowledge that I have freely and voluntarily chosen to enroll my child in workshop(s), classes, mentoring, tutoring at Mindset Migration. In consideration of my child being permitted to participate in the workshops, classes, tutoring and mentoring at Mindset Migration, I hereby execute this Release of Liability with the intent to bind myself, my spouse (if applicable), my heirs, assigns and legal representatives. I further represent that I am eighteen (18) years of age or older and competent to sign this affirmation and release.

I fully understand and agree that certain aspects of the workshops or classes could be physically demanding and that my child faces risks of accidental or other physical and/or emotional injury by participating in these workshops or classes. These risks may include, but are not limited to, (1) loss or damage to personal property, and (2) injury or fatality due to (a) use of electrical equipment, such as computers, and (b) walking, running, jumping, or other physical activity, or inclement weather and conditions, which may cause slips and falls.

I understand and assume the risks for my child's participation in the workshop and classes. I further represent that my child is in good physical condition, and does not possess, nor am I aware of, any physical or mental disabilities that will limit his/her ability to participate in the workshop or classes.

WORKSHOP AND CLASSES SHALL BE UNDERTAKEN BY MY CHILD AT HIS/HER OWN RISK AND THAT NEITHER MINDSET MIGRATION, ITS BOARD, OFFICERS, EMPLOYEES, NOR VOLUNTEERS BE LIABLE FOR ANY INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTION WHATSOEVER THAT MAY ARISE OUT OF OR HAVE A CONNECTION WITH MY CHILD'S PARTICIPATION IN THE WORKSHOP OR CLASSES, WHETHER FROM ACTS OF ACTIVE OR PASSIVE NEGLIGENCE ON HIS/HER PART, OR THE PART OF MINDSET MIGRATION OR ITS BOARD, OFFICERS, EMPLOYEES, OR VOLUNTEERS AND I DO HEREBY AGREE TO FOREVER RELEASE,

DISCHARGE, INDEMNIFY, HOLD HARMLESS AND DEFEND MINDSET MIGRATION, ITS BOARD, OFFICERS, EMPLOYEES, AND VOLUNTEERS FOR ANY SUCH INJURIES DAMAGES, CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTIONS.

The laws of the State of Texas govern and construe the terms of this Release of Liability.

ACCEPTED AND AGREED

Parent's Signature Date

(By typing your name here, you agree that this is valid as your signature)

Parent/Guardian's Printed Name Area Code/Phone

Address/City/State/Zip Code