



Participant Information and Parent Waiver

As the parent or Legal Guardian of _____ (daughter's name) I give consent for my daughter to participate in the Girls Circle Program ("Program") offered by Blooming Girls which meets on (date) _____ being held at the _____ . The name of the program we will be attending is called _____ .

Child's First Name:	Child's Last Name:
Age:	Grade:
School:	Child's Birth date:
Parent's First Name:	Parent's Last Name:
Address:	City:
State:	Zip:
Email Address:	Best Phone Number:
Emergency Contact:	Emergency Phone:
List any allergies or medical issues if which the instructor should be aware:	List any information that would be helpful in understanding your child:
Let us know how you heard about Blooming Girls Workshops: <input type="checkbox"/> Flyer <input type="checkbox"/> Email <input type="checkbox"/> Past Participant <input type="checkbox"/> Friend <input type="checkbox"/> Website <input type="checkbox"/> School <input type="checkbox"/> Newsletter <input type="checkbox"/> Other:	Questions/Comments:
Insurance Company	Doctor Name and Number:

- I acknowledge that photographs will be taken during the session and agree to them being used in print and online (i.e. websites, Face book). ***If I do not agree I will advise facilitators.***
- I understand that the facilitators will not discuss what is said in the circle to anyone beyond the circle. The exceptions to confidentiality apply, which are: if the facilitator believes that a participant is at immediate risk of harming herself or someone else, and/or if a minor is a victim of physical or sexual abuse or neglect, or is a witness to a domestic violence or elder abuse. In these instances, the facilitator will need to follow the legal and ethical steps to assure safety to the participants.

Release of Carrie Sheffield and Blooming Girls from Liability

In consideration of the permission granted by Carrie Sheffield and Blooming Girls ("Carrie Sheffield/Blooming Girls") to enroll and participate in the Program, I do hereby release Carrie Sheffield/Blooming Girls and the employees, assigns, agents, heirs and members of the aforementioned, from all actions, causes of actions, damages, claims, or demands which I, my heirs, executors, administrators, or assigns may have against any and all aforementioned for any and all personal injuries, known or unknown, which I have or may incur by participation in the Program and for all damage to my property.

I realize that there are inherent dangers and risks involved in the Program and I hereby agree to hold Carrie Sheffield/Blooming Girls and the employees, assigns, agents, heirs and members of the aforementioned harmless from any loss, liability, damage or cost that they may incur due to my enrollment or participation in the Program.

I hereby agree to abide by any policies, rules and regulations adopted by Carrie Sheffield/Blooming Girls and understand that the violation of said policies, rules and regulations may result in immediate dismissal from the program without refund.

I expressly agree that this release is intended to be as broad and inclusive as is permitted by the law of Colorado and that if any portion thereof is help invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I further agree that should any dispute arise in connection with the Program that said dispute will be adjudicated in a court of competent jurisdiction in Larimer County Colorado.

I have read the Release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance and binding legal effect.

Parent/Legal Guardian Signature: _____ Date: _____

To Register: Complete this registration form and mail or email form with check or Pay pal (Payable to Blooming Girls) to: Carrie Sheffield/Blooming Girls 3332 Sharps Court Fort Collins, CO 80526

You will be contacted after we receive your registration to confirm the availability of the class. Classes will be filled on a first-come basis upon receipt of this registration form. Classes must meet minimum enrollment or may be cancelled.