

ISLAND ROOTS
CONSENT AND RELEASE FORM



STUDENT NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

SCHOOL: _____

As the Parent/Guardian of _____, I hereby irrevocably consent to allow him/her to attend the Life Foundation Island Roots event on Tuesday, May 19th at Bishop Museum. I understand that this is an educational event about HIV/AIDS and other STDs, and may contain information about sex, condom use, and drug use.

I hereby release and forever discharge Life Foundation, The Banyan Tree Project, and Bishop Museum from all liability, claims, injuries, damages, actions, causes of actions, and demands from his/her participation in this event.

I further understand that photos and video of my child/ward will be taken, and may be used for promotional purposes by Life Foundation and The Banyan Tree Project.

I agree to explain the above to my child/ward.

Parent/Guardian Signature

Date

Print Full Name

This completed form must be filled out and turned into Life Foundation in order to reserve the student's place at Island Roots. Please mail/fax/email in the completed, signed form to:

Melanie Moore
Life Foundation
677 Ala Moana Blvd. Suite 226
Honolulu, Hawaii 96813
Fax: 808-521-1279
Email: mmoore@lifefoundation.org
Phone: 808-383-0163

www.lifefoundation.org/islandroots