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# TRUE DIRECTION

## Permission / Release Form



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I give permission for my child to be assigned a Mentor through True Direction Mentoring Program.

I authorize the school to provide information to True Direction Mentoring Program about my child that may be relevant to his/her participation in the program.

I understand True Direction Mentoring Program will not be held responsible for any injuries, accidents, or loss of property while attending any True Direction activities.

I hereby release True Direction Mentoring Program, employees, and volunteers from any and all liabilities, including claims and lawsuits for any injuries, fatalities or otherwise, and loss of personal property.

I give True Direction Mentoring Program permission to photograph or video/film my child for True Direction Mentoring Program publicity endeavors.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child / Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_