



## CONSENT FORM

Please complete the following and sign for each participant.

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Tel \_\_\_\_\_ Email \_\_\_\_\_

### IF APPLICABLE

Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Tel \_\_\_\_\_ Email \_\_\_\_\_

### CONSENT (please read carefully)

I, \_\_\_\_\_, or my guardian, \_\_\_\_\_, listed above, consent to take part in the Joshua's Path event at Flamingo Gardens on August 12, 2021. I understand that the primary focus of this event will be to socialize and enjoy the special nature of the outing.

Signed \_\_\_\_\_

Date \_\_\_\_\_

*You may elect to return this form via email to: [JoshuasPath@jfsbroward.org](mailto:JoshuasPath@jfsbroward.org).*



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