

## **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, _ the Joshua's Path event at Flamingo Garder event will be to socialize and enjoy the spec	ens on August 12,	2021. I understar		
Signed				
Date				

You may elect to return this form via email to: JoshuasPath@jfsbroward.org.



jfsbroward.org | 954-370-2140

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