

REDLINEDRI.org

Red Lined Parent Consent Form : Please initial all consents and sign at the bottom

Program Name

Program Date:

Teen's Name

Your child has chosen to participate in the above program sponsored by Red Lined or their partners. During the time your child will spend in the group, young people will explore their own growth and development within the topic of "menstruation"

Consent to Participate in Red Lined's Program: I understand that the subject topics may include topics that are sensitive, including but not limited to: Menstruation, the human body, child birth, venereal topics or complications, sex, intercourse and the effect on the body. I use any products at my own risk. Red Lined and it's board members hold no responsibility for usage, misuse or product failure. All products are a gift from the donation community, individually wrapped items. Red Lined assumes no responsibility for the item or user for any products, items or food received at any point before, after or during said program. Users and their guardians should do their due diligence to research the product, locate the manufacturer, educate themselves on proper usage including but not limited to insertion, placement, removal, cleaning, risk, IUD indications and usage duration and storage to name a few. **If you have questions you should contact your healthcare provider before requesting the item and certainly before using any product.**

I, the undersigned, am the Parent or Legal Guardian of the child named below who is to participate in the program provided by the Red Lined. I am aware that there are potential hazards and risks involved in some programs. I am willingly allowing the child mentioned below to participate in all aspects of the program. I agree to hold harmless and indemnify Red Lined, and/or its volunteers, agents, or lessors from any and all claims by myself, my teen, my heirs, my family, or my assigns.

Initials: _____ Yes _____ No

Consent to Use Photographs

I give my consent to Red Lined to use videos and/or photographs of my teen for brochures, to display in photo albums, in advertisements, or for other publicity purposes. If my teen's photo is used, he/she will only be identified by first name.

Initials: _____ Yes _____ No

Parent or Guardian Signature

Printed Parent or Guardian Name
(OR Teen Signature if 18 & Over or emancipated)

Today's Date

Contact Information:
CONTACT NAME
PHONE NO.

Erin Nasicmento, Red Lined
401-472-4272