



Healing Families Initiative
EST 2021

For office use only
Date Received: _____
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**Healing Families Initiative LLC
Women's Circle
Enrollment Form**

Today's Date: _____

Name: _____

Partner's Name (if applicable): _____

Cell Phone: _____ Home Phone: _____

Address: _____

City, State: _____ ZIP: _____

Email Address: _____

Please initial in ONE or BOTH spaces below indicating your correspondence preference(s).

I agree to receive correspondence via _____ Text Message and/or _____ Email from Healing Families Initiative.

In case of an **emergency**, please contact:

Name: _____

Relationship: _____ Cell Phone: _____

Please list any conditions we need to be aware of in case of an emergency: _____

Date of Birth: _____ Are you over 18 years of age? _____

How did you hear about Healing Families Initiative? _____

Why are you interested in joining a Women's Circle? _____

Permissions and Acknowledgements

_____ I wish to participate in the programs and/or events of Healing Families Initiative LLC (“HFI”).
Please Initial

_____ I agree not to hold HFI, its members and/or volunteers liable for any injury or accident which may occur during my participation in the programs and/or events of HFI.
Please Initial

_____ I do hereby authorize HFI’s use of my photograph and/or video image in printed material, social media, websites, etc. for both internal and external promotional and corporate purposes. HFI shall own all rights to such photographs and/or video images.
Please Initial

_____ I authorize HFI to obtain medical care for me in the case of a medical emergency. I understand that I am financially responsible for the care given and that efforts will be made to contact the designated emergency contact listed in this application.
Please Initial

_____ I will cooperate with HFI, its members and volunteers to ensure I demonstrate good conduct and comply with policies and procedures of HFI.
Please Initial

_____ I understand that this consent is effective from the beginning of my participation in the programs and/or events of HFI and will continue as long as I participate in the programs and/or events of HFI.
Please Initial

Participant’s Signature

Participant’s Printed Name

Date