



PEACE ~ OVERCOME ~ WIN ~ ENCOURAGE ~ RESPECT

### Consent to Release and Obtain Information

I, \_\_\_\_\_, hereby give consent to **emPOWERment Dess Perkins Foundation** or designated representative to obtain and release my personal information to refer and/or secure services for me as an at-risk youth or a victim or survivor of human/sex trafficking.

I understand and agree that this document and other related materials shall become the property of **emPOWERment Dess Perkins Foundation** and will not be returned.

I hereby hold harmless, and release **emPOWERment Dess Perkins Foundation**, its directors, employees, volunteers, or persons related to directors, employees, or volunteers and directors, from all liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

Refusal to sign this release will result in my exclusion from receiving services from **emPOWERment Dess Perkins Foundation**.

This authorization shall continue indefinitely unless I otherwise revoke said authorization in writing.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Parent/Guardian (if minor under 18): \_\_\_\_\_