



Teen/Young Adult Group Participation Agreement

Participant Information

First Name _____

Last Name _____

Cell Phone _____ Date of Birth _____

Email _____

Parent/Guardian Information (If applicable)

First Name _____

Last Name _____

Cell Phone _____ Relationship _____

Email _____

Emergency Contact

First Name _____

Last Name _____

Cell Phone _____ Relationship _____

Email _____

RULES & REGULATION

- All participant who needs support, require a 1-1 family member or Caregiver with them for the duration of each event.
- Additional family members (spouse, siblings, etc.) are welcome but must cover their own participation cost if applicable.
- All registered participants **MUST RSVP** for each event and are asked to arrive on time of the event. Any late arrivals of 15 minutes will not be guaranteed participation. If you are running late, please contact Lisa Valerio, at 650-464-1373.
- The Participation Agreement **MUST** be signed (by parent or guardian if participant is under the 18) and submitted PRIOR to participation in the group.
- In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director or Facilitator to secure from an accredited hospital, clinic, and/or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment, and hospitalization.



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WAIVER

In consideration for being allowed to participate Fenixia’s activities I, the undersigned or Parent/Legal Guardian waive and forever release any and all rights and claims for damages or injuries that I may have against the Fenixia Foundation, Inc. I recognize, intent and understand that this release is binding om my heirs, executors, administrators, or assignees.

I further agree that the Fenixia Foundation, event coordinator, group facilitator, volunteers, its officers, board members, agents, servants, or employees reserve the right to terminate my participation form the programs for failure to behave and act in accordance with the regulations on conduct, or failure to follow the instructions and directions of the facilitator, volunteers or agents, or for any acts of conduct deemed by the agents of the Fenixia Foundation to be detrimental to or incompatible with the interest, harmony, comfort or welfare of this program.

Regulations of Conduct: Fenixia Foundation does not tolerate unacceptable behavior defined as any physical attack, harassment, or insults towards facilitator, volunteers, its officers, board members, agents, servants, employees and or other group participants.

MEDIA & PHOTOGRAPY WAIVER

I grant permission to all the foregoing to us my name, voice, and images of myself in any photographs, motion pictures, results, publications, or any other print, video graphics, or electronic recording of this for legitimate purposes and for marketing Fenixia Programs via all marketing and advertising channels.

I have read and understood al of the stated terms in this document and by signing agree to comply with the same.

Participant Signature

Date

Participant (Print Name)

Date

Parent/Guardian Signature (if applicable)

Date

Parent/Guardian (Print Name)

Date