

# Consent Form



## Information

Participants Name

Date of Birth

Parent/ Guardian Name(s)

Phone Number

Email

**A bit about you:** Help us get to know you (i.e. allergies or sensory sensitivities, emotional triggers, favourite art materials, hopes for your time in the group, and anything else you would like to share.

I consent to my child's participation in the Improv for Anxiety Workshop. I understand that while all reasonable precautions will be taken to ensure the safety of participants, some risks are inherent in any group setting and I agree to release Seahorse Counselling and Psychotherapy Inc, its counsellors and interns, from any liability or claims for injury, loss, or damages that may occur. I also understand that I will be the emergency contact for my child and agree to be available while my child participates in this group activity.

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**Parent/Guardian Signature**

## Emergency Contact Information

Name

Phone Number

**Thank You**