



### **Consent & Release Form**

I consent for my child to participate in Unbreakable Youth Center programs.

I understand that services are provided by trained professionals and mentors.

I authorize emergency medical care if needed.

I grant permission for transportation (if applicable): ☐ Yes ☐ No

I grant permission for media use (photos/videos): ☐ Yes ☐ No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Signature (if age 12+): \_\_\_\_\_ Date: \_\_\_\_\_