

Waiver & Consent Form

Participant Name: _____

Age: _____

Parent/Guardian Name (if under 18): _____

Phone: _____

Email: _____

Program Name: *8-Week Virtual Social Skills Program*

Provider: *[Your Company or Organization Name]*

Terms of Participation:

By signing below, I acknowledge and agree to the following:

1. I understand that this is a virtual program conducted via Zoom and that participation involves communication, group discussions, and interactive activities.
2. I consent to the participant's involvement in this program.
3. I understand that sessions may involve peer interactions, and I accept the potential risks associated with online group participation.
4. I release [Your Organization Name] and its staff from any liability related to the program, technical issues, or participant behavior.
5. I agree not to record or distribute any session content.

Media Release (Optional):

☐ I give permission for screenshots or recordings (non-identifiable) to be used for promotional or educational purposes.

Signature:

Participant Signature: _____

Date: _____

Parent/Guardian Signature (if under 18): _____

Date: _____