

GROUP INFORMATION					
Group Name					
Adress	City	_Zip			
Contact Person	Contact Number				

## GROUP WAVIER OF LIABILTY

I give my permission for my child to participate with The Platform, Inc. Parental/Guardians signature below signifies that each person has read, understands and abides by this information. There are risks connected with the possibility of physical injury associated with any participation of programs in consideration of The Platform Youth, Inc. accepting this registrant for its program and activities hereby release, waive, discharge and covenant not to sue The Platform, Inc. and/or otherwise indemnify The Platform Youth, Inc., its affiliated organizations, community partners, sponsors, volunteers, personnel, and facilities utilized for the programs, against any claim or on behalf of the registrant as a result of the registrants participation I hereby authorize. I grant The Platform Youth, Inc. the right to edit, use, and reuse said product for non-profit purposes including use in print, on the internet and all other form of media.

Group Leaders Name: \_\_\_\_\_\_

Group Leaders Signature: \_\_\_\_\_

Date:



SESSION I CODE	SESSION II CODE	FIRST NAME/ LAST NAME	AGE	GRADE	SCHOOL

*Note: Students should choose one Leadership Development workshop and one Industry Skill Development workshop. Workshop spaces are on a first come, first serve basis.* 

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