

## PARENT/GUARDIAN CONSENT AND LIABILITY RELEASE FORM

(THIS IS AN ELECTRONIC FORM THAT CAN BE FILLED IN AND EMAILED TO [ENQUIRIES@LIFECHANGINGEXPERIENCES.ORG](mailto:ENQUIRIES@LIFECHANGINGEXPERIENCES.ORG). IF HAND WRITTEN, PLEASE PRINT CLEARLY)

I \_\_\_\_\_ give my consent for the Life Changing Experiences Foundation to match my daughter/ward, with a Mentor. In signing this declaration, I consent to and confirm the following:

- ✧ My daughter/ward participating in all SISTER2Sister program activities.
- ✧ My daughter/ward being transported to and from SISTER2sister activities by an official participant/worker of the Life Changing Experiences Foundation Team
- ✧ That I will update my contact details and that of my daughter/ward as required
- ✧ That I will be liable for any damages to property and equipment caused by my daughter/ward
- ✧ That should my daughter/ward decide to continue her relationship with her Big Sister mentor after the conclusion of her participation in the SISTER2sister Program, that LCEF will not be liable for any issues arising beyond the program

Print Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Work phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

Emergency Contact name: \_\_\_\_\_

Emergency Contact Mobile: \_\_\_\_\_

Would you be able to assist with transportation of your daughter/ward to and from  
SISTER2Sister outings?                      YES                      NO

On a scale of 1-5 (1 being the least and 5 being the most) how involved would you like to be in the  
SISTER2Sister program?

UNINVOLVED              1              2              3              4              5              VERY INVOLVED

Please write here why you think your daughter/ward would benefit from the program

Please list anything of interest that would assist us in providing a better experience for your  
daughter/ward while she is in the program ie. special needs or concerns:

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

Completed applications for the SISTER2sister Program should be submitted by the deadline date  
provided on the website at [www.lifechangingexperiences.org](http://www.lifechangingexperiences.org)

**Mail to :** Suite 1A3, Level 1A, 410 Elizabeth Street, Surry Hills NSW 2010 OR

**Fax to :** 02 9211 8196 OR

**Email to:** [enquiries@lifechangingexperiences.org](mailto:enquiries@lifechangingexperiences.org)