

PARENT/GUARDIAN CONSENT AND LIABILITY RELEASE FORM

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

I, _____ give my consent for the Life Changing Experiences Foundation to match my child, with a Mentor. In signing this declaration, I consent to and confirm the following:

- my child participating in all SISTER2sister/ONE2one Mentoring Program (*please cross out the one which is not relevant*); activities including all organised activities and transportation.
- that I will update my contact details and that of my child as required
- that I will be liable for any damages to property and equipment caused by my child
- that should my child decide to continue her relationship with their Mentor after the conclusion of her participation in the SISTER2sister/ONE2one Mentoring Program (*please cross out the one which is not relevant*), that LCEF will not be liable for any issues arising beyond the program

Signature of Parent/Guardian : _____ Date : _____

Print Name : _____

Relationship to Child : _____

Address : _____

Suburb : _____

State : _____ 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 child to and from
SISTER2sister/ONE2one Mentoring outings? YES NO

Would you be able to assist with transportation of your child to and from
SISTER2sister/ONE2one events as necessary? 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/ONE2one Mentoring program? (please select)

UNINVOLVED 1 2 3 4 5 VERY INVOLVED

Please write here why you think your child would benefit from the program

Please list anything of interest that would assist us in providing a better experience for your
child while they are in the program i.e. special needs or concerns:

May we contact you to provide a reference for the SISTER2sister/ONE2one Mentoring
Program? YES NO

Signature of Parent/Guardian : _____ Date : _____

Completed applications for the SISTER2sister/ONE2one Mentoring Programs should be submitted
by the deadline dates provided on the website at www.lifechangingexperiences.org (usually by
1 February of each year).

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