

**FLIP THE SCRIPT
INFORMED CONSENT AGREEMENT
(for participants UNDER 19 years of age)**

In consideration of _____ (the "Participant") being permitted to participate in Flip the Script™ (the "Program"), I, the parent/guardian of the Participant, agree as follows:

1. I am aware that the Program involves practicing physical self-defense and discussing mature subject matter, including sexual assault and sexual activity, and I believe that the Participant is physically, emotionally and mentally able to participate in the Program.
2. I acknowledge that certain RISKS OF INJURY are inherent to participation in self-defence techniques, and that taking part in the Program may cause injuries which may be minor or serious and may result from one's own actions or the actions or inactions of others, or a combination of both.
3. I understand that the CHOICE to participate brings with it the assumption of those risks which are part of the Program. I am aware that the Participant is not required to stay for the duration of the Program. If the Participant wishes to leave for any reason, any registration fee will be fully refunded.
4. I confirm, as the parent or guardian of the Participant, that I have read and understood the above INFORMED CONSENT AGREEMENT in its entirety, and that by signing this Agreement I hereby consent to the Participant participating.

Dated this _____ day of _____, 2023
[date] [month]

Participant Name (Please print)

Participant Signature

Parent/Guardian Name (Please print)

Parent/Guardian signature