



## YOUTH FIRESETTING INTERVENTION PROGRAM RELEASE OF LIABILITY

Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I understand that any meetings with the (name of town) Youth Firesetting Intervention Program are voluntary and free of charge and that I may stop them and any time. I give my permission for the child mentioned above, to participate in the Youth Firesetting Intervention Program. I recognize that risks are associated with his/her behavior and agree to hold harmless the (town) Youth Firesetting Program and the New Britain Fire Marshal's Office. I certify that the Youth Firesetting Program is not responsible for any future actions of my child.

(If referrals for further services are being made) I hereby authorize the Fire Marshal's Office to receive/furnish/exchange information regarding the above-mentioned minor child and his or her family for the purpose of making appropriate referrals from/to/with:

\_\_\_\_\_  
Name and Address of Fire Marshal's Office  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the information will be treated confidentially. I, the parent, guardian, or legal custodian of the above child, do hereby consent to the above release and agree to all terms as stated above. I do hereby release, indemnify, and hold harmless the (name of town) Youth Firesetting Intervention Program, all its employees and volunteers against all claims, suits, or actions of any kind and nature whatsoever which are brought or which may be brought against the (name of town) New Britain Youth Firesetting Intervention Program for, or as a result of any injuries from, participation in this program.

_____ Parent/Guardian Signature	_____ Date
_____ Parent/Guardian Printed Name	_____ Witness Signature
_____ Parent/Guardian Relationship to Child	_____ Witness Printed Name