



InnerPathWorks

INNERPATHWORKS APPLICATION

Parent Information

Parent Name

Father Mother Step-Father Step-Mother Other, Specify

Home Address

City, State or Province, Zip, Country

Phone: Home

Work

Cell

Cell

Other

Email Address

Occupation/Title

Parent Name

Father Mother Step-Father Step-Mother Other, Specify

Home Address

City, State or Province, Zip, Country

Phone: Home

Work

Cell

Cell

Other

Email Address

Occupation/Title

Parent Name

Father Mother Step-Father Step-Mother Other, Specify

Home Address

City, State or Province, Zip, Country

Phone: Home

Work

Cell

Cell

Other

Email Address

Occupation/Title

In Case of Emergency (in the event the parent(s) cannot be reached):

Emergency Contact

Address

City, State or Province, Zip, Country

Phone: Home

Work

Cell

Fax

Other

Email Address

Insurance Information

PARENT PARTICIPATION RELEASE

As the parent of the participant, I understand that I will also be in training while my adult child is in the program. This training will include a three day workshop with the option to participate in a Vision Quest. I recognize that my training will include activities that include outdoor activities, emotional, mental and spiritual challenges. I am further aware that there are substantial risks inherent in these activities. I hereby release **SouLore, Inc. dba InnerPathWorks**, its officers, employees, representatives and agents from any and all liability for property damage and personal injury in any form whatsoever caused by or arising from participation in any and all activities and operations.

I have read this Release and understand all of its terms. I sign this Release voluntarily and with full understanding and knowledge of the claims I am releasing and waiving.

(Parent's Signature)

(Date Signed)