



Bennacht Counseling and Consulting, LLC

Susan R. Moeder, Licensed Mental Health Counselor

Founding Member

P.O. Box 10322

Fort Wayne, IN 46851 Telephone: 260-415-5441

smoeder@bennacht.com or www.bennacht.com

Release and Consent to Participate in Saturday Seminar Entitled:

on this date _____.

(Print full name of parent/legal guardian)

(Print current street address of parent/legal guardian, city, state, and zip code)

(Print current telephone number and e-mail address of parent/legal guardian)

I am the parent/legal guardian of _____

(Print registrant's full name)

(Print current street address of registrant, city, state, and zip code)

(Print current telephone and e-mail address of registrant)

My minor child (registrant) and I have read and understand the seminar objectives, schedule, and location, and consent to the terms, conditions, and limitations described on the "Saturday Seminars" webpage posted at www.bennacht.com/saturdayseminars.aspx. I agree to my minor child's participation in this seminar. A copy of this release and consent is as valid and binding as the original.

Registrant signature

Date

Parent/Legal Guardian signature

Date