



## Shifting Boundaries

### Parental Consent and Release Form

Name of Child/Youth

First Name:

Last Name:

I,  
youth

am the parent or legal guardian of the child or  
,named above.

I, understand that Safe Space Inc., will begin teaching Shifting Boundaries curriculum. It is a two-week program that focuses on increasing knowledge and awareness of sexual harassment and healthy relationships. Shifting Boundaries will be taught virtually.

As the parent or legal guardian of the Child, I certify and affirm that I have been completely and thoroughly informed of the program Shifting Boundaries and the content that will be included in the program.

I do consent for my child to participate in the program, I acknowledge and understand that this parental consent and release allows my child to participate and interact in discussion via online via Zoom about the content of Shifting Boundaries.

I , give my child,

permission to participate in the Shifting Boundaries curriculum.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return form to: [tdunston@ncsafespace.org](mailto:tdunston@ncsafespace.org)