Parental/Guardian Consent Agreement Form

Name: _____

Address: _____

City: _____ Prov/State: _____

Country _____ Zip _____

Phone Number _____ We will be calling you (the parent or guardian) to set up a short web-conference at which time we will save a digital copy of your audio-video consent for the minor endorsed below. This digital consent will be kept for a maximum of two years. Should further consulting be warranted and the person named below still not be of the age of majority a new agreement will need to be entered and saved at the end of the initial 2 year period.

Select One ____ Parent ____ Guardian

Name of minor for whom you are giving consent. _____

Date of Birth of the Minor ___ ____ ____ Gender of the Minor M F
mm / dd/ yyyy

You agree to give consent for the above named minor to enter into relationship-makeover consultations with a Professional Relationship Consultant and access the secure website of relationship-makeover.com. You further agree that you have fully read and accept both the Privacy Policy and the Terms of Use documents and that you will fulfill all the financial obligations on behalf of the above name minor.

I warrant and represent that I have read, accept and agree to the above terms and conditions of this Parental/Guardian Consent Agreement.

___ I have read, accept, consent and agree to the above Agreement.

___ I have read and decline acceptance of the above Agreement.

Copyright 2006, Norm and Neva Quantz, Relationship-Makeover.com
A division of I.M.A.G.E. Inc.