



www.attachmentparenting.org



Peaceful Parenting for a Peaceful World!

# Attachment Parenting International (API) and API of North Fulton

## Supporter Information and Liability Release

ALL SUPPORTERS MUST HAVE A SIGNED INFORMATION AND LIABILITY RELEASE FORM ON FILE WITH API OF NORTH FULTON BEFORE ATTENDING ANY ACTIVITIES

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ BIRTHDATE (month/day) \_\_\_\_ / \_\_\_\_

CHILDRENS NAMES AND BIRTHDATES \_\_\_\_\_

WHAT ARE YOUR HOBBIES, SPECIAL INTERESTS OR TALENTS? \_\_\_\_\_

WHICH OF THE FOLLOWING ACTIVITIES ARE YOU INTERESTED IN? (PLEASE CIRCLE)

- |                     |                |                        |                       |
|---------------------|----------------|------------------------|-----------------------|
| CARE COMMITTEE      | PARTY PLANNING | SERVICE PROJECTS       | NEWSLETTER            |
| BEING A COORDINATOR | MOMS EVENTS    | PUBLICITY              | PLAYGROUP             |
| HIKING              | BOOK CLUB      | FAMILY FUN FIELD TRIPS | BUILDING YOUR VILLAGE |

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_



I, THE UNDERSIGNED, UNDERSTAND THAT MY PARTICIPATION AND THE PARTICIPATION OF ANY MEMBERS OF MY FAMILY IN ANY API OF NORTH FULTON ACTIVITY OR PROGRAM IS COMPLETELY VOLUNTARY, AND I HEREBY GIVE PERMISSION FOR MYSELF AND MY FAMILY TO JOIN IN THOSE ACTIVITIES OR PROGRAMS. MY FAMILY SHALL HOLD HARMLESS API OF NORTH FULTON, ATTACHMENT PARENTING INTERNATIONAL, ANY API OF NORTH FULTON VOLUNTEERS OR REPRESENTATIVES, PAID OR UNPAID, AND/OR THE PROVIDERS OF ANY ACTIVITY OR PROGRAM LOCATION AND/OR MATERIALS FROM ANY LIABILITY AND/OR RESPONSIBILITY FOR ANY ACCIDENT, ILLNESS OR INJURY THAT OCCURS DURING OR AS A RESULT OF ANY FUNCTION OR PROGRAM. I ACCEPT THAT THE FINAL RESPONSIBILITY FOR MY SAFETY AND THAT OF MY FAMILY RESTS WITH ME.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**RETURN THIS FORM to:**  
Stephanie Petters, 220 Magnolia Tree Court, Alpharetta, GA 30022