

Southeast Professional Counseling
920 Blankenbaker Pkwy., Louisville, KY 40243

Parental Consent and Release

Minor's Name: _____ (the "Minor")

I, _____, parent/guardian of the above-named Minor,
hereby permit _____, a counselor at Southeast
Professional Counseling, to counsel the above-named minor.

On my behalf and on behalf of the Minor, I hereby release and discharge Southeast
Professional Counseling, and Southeast Christian Church of Jefferson County,
Kentucky, Inc., and its elders, officers, employees, agents or volunteers and any and
all individuals providing counsel to the Minor in connection with the Southeast
Professional Counseling from any and all claims, demands, actions, damages, losses
or liabilities of any kind (including ordinary negligence) which I or the Minor now
have or shall or may have by reason of the services provided by Southeast
Professional Counseling.

Signature

Date