

DOOR OF HOPE COUNSELING

RESTORING HOPE TO RELATIONSHIPS

Cynthia A. Thompson, M. Ed., LPC

Personal Information Sheet

NAME: _____

STREET ADDRESS: _____

CITY/STATE?ZIP: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT PHONE: _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT PHONE: _____

LIST ANY PAST INJURIES: _____

RELEASE OF LIABILITY

I _____, in consideration for the benefit I receive from my participation in this event, hereby release and hold harmless the sponsors, promoters, and all other persons and entities associated with such event from any kind of injury and damages sustained by me, whether same be caused by negligence of the sponsors, promoters or other persons or entities associated with this event, or otherwise. I acknowledge that I am familiar with the dangers and/or risks involved in my participation in this event.

SIGNATURE _____ DATE _____

Cynthia A. Thompson M. Ed., LPCS, CYT



Family, Individual
& Couples
Counseling

| 817-360-2450 | 1201 North Watson Rd., Ste 177, Arlington, TX 76006 | www.doorofhopecounseli.com |