***Healthy Living Program Participation Form***

**Overview:** The Healthy Living Program is a community based support that is driven by collaborating with various community partners in order to provide health promotion and well-being services throughout the Denver community. Healthy Living Program provides the community a variety of workshops and trainings that are health and well-being promotion and prevention-based. We are looking for members within the Denver community, from school-age through adult, to participate within our various workshops and trainings. If further emotional or mental health evaluations or services are needed, Group Facilitator will provide recommendations to a variety of Mental Health Center of Denver’s clinical-based services.

**Participation for classes/training:** I voluntarily agree to participate in the Healthy Living Program workshops and trainings provided by the Mental Health Center of Denver staff.

**Use of Outcomes Data:** I hereby give my permission to MHCD to use class and training outcomes data for the purpose of obtaining funding and making professional presentations. I understand that no information that could identify me (name, birthdate, address, phone number, et cetera) will be released to individuals outside of MHCD or Colorado Access.

**Confidentiality and records release:** I understand that the project has agreed to keep my information confidential except as required by law. For example, I understand that exceptions to confidentiality will be made if there is suspicion of child abuse or neglect, if I am gravely disabled, or if I show imminent danger to myself or others.

**Statement of Participation:** I have read the above information, and have received answers to any questions I asked. I agree for myself and my child to take part in Healthy Living Program workshops & trainings.

**Note: I understand this is a group class; therefore, although participants will be advised to keep all shared information confidential it cannot be guaranteed.**

Your Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_