iSTRIVE INC.

Participant Intake & Liability Packet

Together We STRIVE for Mental Health & Suicide Prevention
Retreats • Support Groups • Workshops • Volunteer Events • Community Gatherings

1. Participant Information

Full Name: _____
Date of Birth: _____ Age: _____
Phone: _____ Email: _____
Address: _____
Emergency Contact: _____ Phone: _____

2. Event Registration

Event Name: _____ Date: _____
■ Retreat ■ Support Group ■ Volunteer ■ Workshop ■ Community Event

3. Health Information (Optional)

Allergies: _____
Medical Conditions: _____
Emergency Medications: _____

4. Participant Agreement

I voluntarily choose to participate in iSTRIVE programs. I understand activities may include educational workshops, movement classes, wellness activities, volunteer service, discussions, and community events.

5. Liability Release

I understand participation involves inherent risks. I voluntarily assume those risks and release iSTRIVE Inc., its board, employees, volunteers, instructors, sponsors, and venue partners from liability for ordinary negligence to the fullest extent permitted by law.

6. Mental Health & Privacy

I understand iSTRIVE provides education, peer support, and wellness programming and is not a substitute for emergency medical or mental health care. I agree to respect the privacy and confidentiality of fellow participants.

7. Media Consent

■ YES, I authorize iSTRIVE to use photos/video of me for educational, promotional, and fundraising purposes.
■ NO, I decline media permission.

8. Signatures

Participant Signature: _____ Date: _____

Parent/Guardian (if under 18): _____ Date: _____

Volunteer (if applicable): _____ Date: _____

iSTRIVE Representative: _____ Date: _____

Website Integration Recommendation

This packet is intentionally formatted so it can be recreated in Jotform, Fillout, Adobe Acrobat Sign, or DocuSign using matching sections and electronic signature fields for secure online submissions.