

www.LifeSupportM.org
"Young People Making Good Things Happen in the World!"



Welcome to the COMFY Garden!

Life SupportM.org's Community For Youth (COMFY) Garden Project is designed to empower young people to develop self-confidence, earn community service credits, and learn and hone valuable life skills, including responsibility and work ethic, through caring for a real garden in their local community.



The LifeSupportM.org COMFY Garden Project is operated in a small private garden in Novato, California. Garden activities include composting, planting vegetables and flowers, caring for animals, doing art and journal projects, and learning how to listen and speak effectively, how to set achievable goals, how to make and follow task lists, and how to create good relationships – with one another, our own selves, and nature's bounty.

*People of all ages are welcome to work and visit the LifeSupportM.org COMFY Garden.
Participation is free of charge. Donations in any amount are always welcome but are not required.*

Below is the permission form that each participant needs to complete and return.

Return the signed and completed form via email to LeonaGD@LifeSupportM.org prior to scheduled garden day.

Wear a hat, shoes, and clothes that can get dirty. Bring a bag lunch and a water bottle.

*Through heart and hands, we help young people learn life skills to last a lifetime
with mentorships, internships, community service and house building missions to Mexico.
(415) 271-3629 telephone/text • LeonaGD@LifeSupportM.org
LifeSupportM.org is a sponsored project of MarinLink, a charitable 501(c)(3) non-profit. Fed ID 20-0879422*

LifeSupportM.org Permission, Liability, & Medical Release Form

Name as it appears on Passport or ID: _____ <small>First Middle Initial Last</small>	Date of Birth: _____
Mailing Address: _____	Youth Email: _____
Primary Parent(s) or Guardian(s): _____	Parent Email: _____
Best Phone Number: _____	
Emergency contact (other than parents) Name and relationship: _____	
Emergency Contact Phone Number and Email Address: _____	

Permission & Liability Release

(Fill in Participant name) _____ has my permission to be a participant in the projects and related activities, of LifeSupportM.org. I am, for myself, my heirs, executor and/or administrator remise and releasing and forever discharging LifeSupportM.org, Incorporated and all its officers, agents, servants, chaperones, mentors, and employees, acting officially or otherwise, from any and all reason of injury, damage, (including property damage to any of my or my child’s belongings), loss or death which may occur from any cause including, but not limited to accident and/or occurrence while participating individually or with others in any aspect of participation in the projects and related activities of LifeSupportM.org. In addition, in consideration of my or my child’s participation with LifeSupportM.org, I hereby authorize and irrevocably consent to the use, public transmission and reproduction of my child’s likeness and image, in any and all media, worldwide, for promotional, fundraising, advertising, marketing and/or public relations purposes.

(Parent/Guardian or Participant 18 and over signature) _____ Date

Medical Information: (Confidential except in case of illness and/or emergency):

Allergies (foods/ medications/ bee sting/ etc.): _____

Name of medication(s)/ dosage(s)/ condition(s): _____

Medical Release

In the event of a medical emergency I give permission to the physician or medical facility, selected by and under supervision of the adult group leaders of Life Support M, Incorporated, to perform appropriate emergency medical treatment for the health and welfare of my child.

Health Insurance Co.: _____ Group/ policy #: _____

(Parent/Guardian or Participant 18 and over signature) _____ Date

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