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Last Door Recovery Centre  
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323 8<sup>th</sup> Street, New Westminster  
BC Canada V3M 3R3

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Witness name: \_\_\_\_\_

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I (the writer) affirm that I am 18 years of age or older, and competent to sign this release this release on my own behalf. I have read this release and fully understand its applications.  
(please check)

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In the case this box is checked please complete Release of Parent/Guardian of Minor Child section of this Model Release Form  
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I am the parent or legal guardian of the minor above named, and have legal authority to execute this release on his/her behalf. I have read and fully understood the contents of this release, and consent to the use of said letter based on the contents of this release.

Parent/Legal Guardian name: \_\_\_\_\_

Parent/Legal Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Please fax to: 604-525-3896, email to pr@lastdoor.org or mail to: Last Door 323 8<sup>th</sup> Street New Westminster, BC V3M 3R3  
ALL LETTERS MUST BE ACCOMPANIED WITH THIS RELEASE FORM

Thank you