



PAUSE - CONSENT FORM
4 SCHOOLS

www.pa-u-se.com

Consent Form for Students' Participation in Wellbeing Pause Workshops

Student Information:

- Student's Name: _____
- Date of Birth: _____
- Class: _____
- School Name: _____

Parent/Guardian Information:

- Parent/Guardian Name: _____
- Contact Number: _____
- Email Address: _____

Workshop Details:

- Workshop Title: Pause Workshops
- Dates: _____
- Time: _____
- Location: _____

Consent & Acknowledgement:

I give permission for my child,
_____, to attend the
Pause Workshops conducted by Miss Saida Goutel

at _____ on
the specified dates and times.

I understand that these workshops teach breathing techniques, meditation, and relaxation practices to enhance well-being in the Here and Now.

Medical Information:

- Does your child have any medical conditions or allergies? Yes [] No []
- If yes, please specify: _____

Behavioral Expectations:

To ensure a positive experience for all participants, it is important that students behave respectfully and follow the instructions provided during the workshops. Students who cause significant disruptions may be asked to leave the session.

Photograph and Media Release:

I give permission for photographs or videos of my child taken during the workshops to be used for promotional purposes by Miss Saida Goutel (instructor/Founder of Pause).

Yes [☐] No [☐]

Waiver and Release:

I release Miss Saida Goutel (wellbeing instructor) and the hosting facilities from any claims arising from my child's participation.

Signature & Date

Parent/Guardian _____Date: _____