



**AUTHORIZATION FOR RELEASE OF INFORMATION  
AND WAIVER OF LIABILITY FOR SECOND WIND FUND, INC.**

I, \_\_\_\_\_, hereby authorize

**Name of Client (Student)**

\_\_\_\_\_  
**Name of Qualified Referral Source** (i.e.: school counselor, social worker, psychologist)

and the professional therapist referred from Second Wind Fund, Inc., to release information to Second Wind Fund (SWF) for administrative purposes and evaluation of this program. I understand that the purpose of this authorization is to disclose information that is relevant to my mental health treatment. I further understand that any treatment records concerning my mental health treatment are confidential under Colorado law, and that statutory privilege prohibits confidential treatment information from being disclosed without my consent. This release of information expires in one year following completion or termination of treatment. This authorization may be revoked at any time in writing to Second Wind Fund, Inc., the qualified referral source (i.e.: *school district*) and the therapist.

\_\_\_\_\_  
**Client (Student) Signature / Date**

\_\_\_\_\_  
**Parent Signature / Date**

**(Or Legal Guardian with decision-making authority)**

\_\_\_\_\_  
**2nd Parent Signature, if required / Date**

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**WAIVER OF LIABILITY**

I, \_\_\_\_\_, waive and release any claim that I may have or that my child,

\_\_\_\_\_, may have against Second Wind, Inc., its officers and directors, employees, agents, and members, the school that the student attends, the school district and all of their employees, for any negligence, claim, injury or damages whatsoever. This Waiver and Release is being made in exchange for the services which Second Wind Fund will be paying for. **I understand that Second Wind Fund is not providing services but funding them; and that no employee, Officer or Director of Second Wind Fund will be providing services or treatment. I further understand that the treatment professionals to whom referrals may be made by Second Wind Fund are independent professionals who are neither employees nor agents of Second Wind Fund.**

*I am hereby informed that I should safeguard all obvious means for suicide, such as firearms, ammunition, and both prescription and over-the-counter medications.*

This Waiver is made freely and voluntarily, and I acknowledge that I have read this Waiver and understand it.

\_\_\_\_\_  
**Client (Youth) Signature / Date**

\_\_\_\_\_  
**Parent Signature / Date**

**(Or Legal Guardian with decision-making authority)**

\_\_\_\_\_  
**2nd Parent Signature, if required / Date**

**\*After this SWF Release/Waiver form is signed, please keep one signed copy in your school confidential file for the student and give two copies to the family – one must be given to the SWF therapist at the first session.**