



**DREAM EXTREME'S FUTURE LEADERS PROGRAM  
PARENTAL/SCHOOL RELEASE FORM**

Student First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Grade \_\_\_\_\_ High School \_\_\_\_\_ GPA \_\_\_\_\_

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**Parental Release**

I understand that by signing this form, I agree to allow my student to participate in the Dream Extreme's Future Leaders Program. I ensure that my student will attend all training sessions and complete the required internship hours.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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I understand that by signing this form, I am agreeing that this student meets the requirements and would be a good candidate to participate in this program.

\_\_\_\_\_  
School Counselor/School Administrator Signature

\_\_\_\_\_  
Date