

**“Shared Trauma” Permission Form**

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Accepted and Agreed

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Instructor/Company: \_\_\_\_\_

Date: \_\_\_\_\_

THE FAR FUND

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_