



Consent to Conference & Confidentiality Agreement

- I agree to keep what is said in the conference and the identity of the conference participants confidential.
- I agree to make a sincere effort to participate in restorative ways; listen to understand the perspective of others, do not interrupt, use a calm tone of voice, do not use profanity.
- I understand that Full Circle Restorative Justice facilitators do not offer legal advice.
- I have been given the opportunity to ask questions.
- All information will remain confidential unless all parties agree to the release of a specific statement to a specific individual or individuals.

Full Name	Signature	Date
-----------	-----------	------

Full Name	Signature	Date
-----------	-----------	------

Full Name	Signature	Date
-----------	-----------	------

Full Name	Signature	Date
-----------	-----------	------

Full Name	Signature	Date
-----------	-----------	------

Full Name	Signature	Date
-----------	-----------	------

Full Name	Signature	Date
-----------	-----------	------



Full Name	Signature	Date
-----------	-----------	------

Full Name	Signature	Date
-----------	-----------	------

Full Name	Signature	Date
-----------	-----------	------

Full Name	Signature	Date
-----------	-----------	------

Full Name	Signature	Date
-----------	-----------	------

Full Name	Signature	Date
-----------	-----------	------

Full Name	Signature	Date
-----------	-----------	------

Full Name	Signature	Date
-----------	-----------	------

Full Name	Signature	Date
-----------	-----------	------

Full Name	Signature	Date
-----------	-----------	------

Full Name	Signature	Date
-----------	-----------	------

Full Name	Signature	Date
-----------	-----------	------

Full Name	Signature	Date
-----------	-----------	------