

Agreement to receive BFPC Services

I, \_\_\_\_\_, agree to allow th WIC program to enroll me and share my information with the Breastfeeding Peer Counseling program. I understand that the WIC Program will protect my personal information and will not share with the Breast feeding peer counselor program any information about me, outside the bounds of information needed for BFPC services. I hereby release WIC, its officers and employees from any liability relating to any and all communications which include telephone, email, mobile text messaging and social media outlets as a result from my enrollment. I understand that participation in this program is strictly voluntary and I freely chose to participate or end my enrollment at any time and that neither choice will affect my WIC benefits.

\_\_\_\_\_

Participant Signature

\_\_\_\_\_

Date

\_\_\_\_\_

RCPC-WIC Representative Signature

\_\_\_\_\_

Date