

PARENT'S APPROVAL AND STUDENT WAIVER

_____ has my (our) permission to participate in
Name of minor

_____ on _____
Event or Activity Date

At _____
Location

I (we), as parent(s) or guardian(s) of the minor, do hereby, for my (our) _____
Son/Daughter

Myself, my (our) heirs, executors and administrators, remise, release and forever discharge

Parent Group

And the _____, and all _____ officers,
(State Parent Group – if any) (Parent Group)

employees and agents of each of the foregoing, acting officially otherwise, from any and all claims,
demands, actions or causes of action on account of referred. I hereby certify the minor is my (our)

_____ and that his/her date of birth is _____.
Son/Daughter Date

And I (we) do hereby certify that to the best of my (our) knowledge and belief said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I (we) hereby advise that the above named minor has had the following allergies, medicine reactions or unusual physical condition which should be made known to a treating physician. (If none, please write the word "none".)

1. _____
Signature Print Name

Address City Phone

2. _____
Signature Print Name

Address City Phone

3. Alternate Adult Contact:

Signature Print Name

Address City Phone