

Parent's Approval and Student Waiver

_____ has my permission to participate in
(Name of Student)

_____ on _____
(Event or Activity) (Dates)

at _____.
(Location)

I (we), as parent(s) or guardian(s) of the minor, do hereby, for my (our)
_____, myself, my (our) heirs, executors and administrators, remise,
Son/Daughter
release and forever discharge _____.

(Parent Group)

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

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. Alternate Adult Contact:

Signature Print Name

Address City Phone