Teen Urban Exploration Registration

First Name
Last Name
Lastivame
Date of Birth
Parent/Guardian Name
Parent/Guardian Contact
Talonio Galiatati Goniaet
Finall Address
Email Address
Emergency Contact Name
Emergency Contact Phone
Relevant Medical Info (allergies etc.)
Previous Urban Exploration Experience
☐ I have permission from my parent/guardian to participate.
Thato politilogion nom my paroneguardian to participate.
☐ Lagree to the safety rules and liability waiver.