

Parental Consent and Release of Liability Form

I, the undersigned, am the parent or legal guardian of:

Child's Full Name:

Date of Birth:

I hereby give my permission for my child to participate in:

Activity/Event Name:

Date(s) of Activity:

Location:

Release of Liability

I acknowledge and agree that by signing this form, I release and hold harmless the organizers, its officers, employees, and volunteers from any liability in the event of injury or accident that may occur during the above event or activity.

Medical Authorization

In the event of an emergency, I authorize the organizers to seek medical treatment for my child. I will be responsible for any resulting expenses.

Allergies or Medical Conditions:

Emergency Contact Name:

Emergency Contact Phone:

Parent/Guardian Information

Name:

Relationship:

Signature:

Date:

