## TERRES RISING PARENTAL CONSENT FORM

Child's Name		Date of Birth	_	
Parent's Name				
Home Address				
Home Phone #				
Home Fhome #				
Cell Phone #				
(Please list any other	er phone number, where	you can be reached easily on the weekend.)		
Ι,	, the	, the mother/father/guardian of		
	, state as follow	ws and declare that:		
Guardianship,	<b>G</b> ,	ninor, and who is in my custody and/or		
		RES RISING LLC, Live-Action Role-Playing ev 20, at approximately 10:00 p		
	20 at approx		,,,,	
employees/voluntee or well-being of my time of their choosi of my child at this e guardianship whats	ers running the event, show child. My child shall being. My child is responsitivent shall not be constructed.	volunteers involved in the event, nor the nall have any responsibility or liability as to the same free to attend the event or depart the event, at an ible for his/her own travel arrangements. Attendatived to be a day-care arrangement, or any form of as involved in the event, or any volunteers running will be supplied.	ny	
SIGNATURE		DATE		
DDINT NAME				