

**Child/Teen
Parent Consent and Release Form**

_____, has my permission to attend USAFA Outdoor
(Child's Name) Last, First, Middle Initial

Recreation's Outdoor Laser Tag, from 1:30 pm to 4:30 pm.
Name of Class or Trip Date or Time Date or Time

For the consideration and safety of everyone involved in the activity. My child/teen will comply with all the rules governing this program and will accept the consequences if he/she breaks these rules. I hereby release USAFA Outdoor Recreation and all of its agents from any financial liability for injury and or damage sustained by my child in connection with this activity. In the event of illness or injury arising during this event, I hereby authorize the program's staff or volunteers to take my child to any medical or dental facility. Also I give permission to transport the above named youth to and from any events that I am notified of in advance or are detoured to or through in the event of unforeseen circumstances.

Guardian's Name (Last, First) Relationship to Child

Home Address Incase of Emergency

Home Phone Number Work Phone Number

Guardian's Signature Date Signed

Alternative Contact In Case of Emergency

Contacts Name Contacts Phone Number

Contacts Home Address