
(Name of Organization)

PARENT/GUARDIAN RELEASE FORM

Halloween Hoops Party @ Bell Center Drake University

Thursday, October 27, 2016 / 6:00 p.m. – 8:00 p.m.

I give my permission for my child(ren) (please list their name(s) and grade in school):

(1) to travel with Staff of _____(Name of Organization) to Drake University Bell Center, 1421 27th Street, Des Moines, IA, on **Thursday, October 27, 2016**, and

(2) to participate in the activities at Drake's Halloween Hoops Party. I understand that they will **leave** _____(Name of Organization) at **5:30 p.m.** and will return by **8:30 p.m.**

I authorize any agent of _____(Name of Organization) or Drake University to seek emergency medical treatment for my child(ren) should the need arise during those hours, and I **agree that I am responsible for any medical expense incurred. I also agree that _____(Name of Organization) and Drake University are not liable should my child(ren) be injured during the transportation to, during, or from the event at Drake's Bell Center, 1421 27th Street, Des Moines, IA.**

The phone numbers where I can be reached from 6-8 pm that evening are:

Name: _____ Phone: _____

Name: _____ Phone: _____

Signature of Parent or Legal Guardian:

_____ **Date:** _____

*If you consent, please provide your mailing address so that Drake University Admissions may follow-up with a card to your child personally wishing him or her well for a successful school year. **Your address will not be shared or utilized for other purposes.***

Mailing Address:
