

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):

to participate in the activities at Drake's Halloween Hoops Party, Thursday, October 27, 2016, from 6:00 – 8:00 pm at Drake University Bell Center, 1421 27th St, Des Moines, IA

I authorize any agent of 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 Drake University is not liable should my child(ren) be injured during the event at Drake's Bell Center, 1421 27th Street, Des Moines, IA.**

Signature of Parent or Legal Guardian:

Date: _____

The phone number where you can be reached that evening is: _____

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

Mailing Address: _____

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):

to participate in the activities at Drake's Halloween Hoops Party, Thursday, October 27, 2016, from 6:00 – 8:00 p.m. at Drake University Bell Center, 1421 27th St, Des Moines, IA

I authorize any agent of 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 Drake University is not liable should my child(ren) be injured during the event at Drake's Bell Center, 1421 27th Street, Des Moines, IA.**

Signature of Parent or Legal Guardian:

Date: _____

The phone number where you can be reached that evening is: _____

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

Mailing Address: _____