

Friday Night CONNECT

CONSENT AND RELEASE FORM

Your child, _____, has been offered the
(Please Print Child's Name)

opportunity to participate in the Friday Night CONNECT event from 6:00 PM to 8:00 PM at the locations and dates described on the reverse of this form. Students are expected to remain at the event until 8:00 PM.

Your signature below constitutes and is evidence of your agreement:

1. To accept general liability and permit the participation of your child in the event; and
2. Release and hold harmless the locations and agencies from all liability arising out of their negligent or wrongful acts or omissions regarding your child's participation in the event and transportation to and therefrom; and
3. There are occasions when photographs of your child may be taken to showcase the event and the photographs may appear with or without identifying your child in publications used for the event as well as local media publications.
4. In the event of a medical emergency, to contact and/or provide necessary care for your child.

(Parent/Guardian Printed Name)

(Parent/Guardian Signature)

(Address)

(Emergency Contact)

(Date)

(Phone to be Reached in Event of Emergency)

(Phone to be Reached in Event of Emergency)