

Event:	Teen Advisory Group	Date:	Monthly
			/

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Name:	Child's Name:		
(Please Print) CHILDREN (if applicable)	Child's Age:		
I am the parent or guardian of the minor(s) named herein and I have the legal authority to execute the above release. I approve the foregoing and waive any rights in the premises.	Relationship:		
Signature:	City/State of Residence:		
Address:	Child's Name:		
	Child's Age:		
Phone:	 Relationship: 		
Email:	City/State of Residence:		
Date:			
Witness:			
(If app	olicable)		
Guest Photographer:	Phone:		
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