



# NOTARIZED PARENT CONSENT FORM

Name of Participant \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Parent(s) business phone numbers  
\_\_\_\_\_

Alternate emergency contact person & phone numbers  
\_\_\_\_\_

Please Initial:

\_\_\_\_\_ We (I) understand that should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

\_\_\_\_\_ We (I) authorize emergency medical treatment or surgery, if necessary.

\_\_\_\_\_ We (I) understand that included in the cost of this trip there is secondary insurance coverage.

\_\_\_\_\_ We (I) authorize our (my) child to ride in any vehicle designated by the adult in whose care our (my) child has been entrusted while on this trip.

Sign below to acknowledge that the information you provided on this page is true and correct.

Participant

\_\_\_\_\_ Date \_\_\_\_\_

Father

\_\_\_\_\_ Date \_\_\_\_\_

Mother

\_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian

\_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_, Notary  
Public, personally appeared

Personally known to me

Proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

\_\_\_\_\_  
Signature of Notary