

Parent/ Guardian Consent and Emergency Contact Form

I, (print name of parent/ guardian) \_\_\_\_\_ voluntarily give my consent for my child(ren) to participate in (name of program) \_\_\_\_\_ to participate in all program activities; including all organized activities and transportation. We also agree to follow program code of conduct. The undersigned understands and acknowledges that there are certain hazards and risks associated with my child's participation in these activities. These risks may result in injury, death or damage to property. I understand and accept such risks and thus waive all claims, demands and causes of action against Colorado State University, State of Colorado, Colorado State University System Board of Governors, officers, employees, agents, volunteers and representatives acting on their behalf.

My child(ren)'s names are: (print name/s) \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Signature of parent/ guardian \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

State, City, Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address \_\_\_\_\_

If we are unable to reach parent/ guardian in an emergency who should we contact?

1. Emergency contact name and number (please print)  
\_\_\_\_\_  
Relationship to minor \_\_\_\_\_
2. Emergency contact name and number (please print)  
\_\_\_\_\_  
Relationship to minor \_\_\_\_\_

**In addition to the people list above,** these people are authorized to pick up my child:

1. Name, Relationship to child \_\_\_\_\_ (please print)
2. Name, Relationship to child \_\_\_\_\_ (please print)