



Child's Name \_\_\_\_\_

Parents Name \_\_\_\_\_

Emergency Contact while in course \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

I, (print name) \_\_\_\_\_, authorize and agree to the following terms of training as provided by the Lakeland Family Resource Network. I confirm that my child has no health conditions that may be worsened by actively participating in training.

**Please circle any that are applicable and explain below:**

Asthma - Allergies - Anxiety - Attention Issues - Communicable Diseases - Seizures - OTHER medical issues that may impact ability to safely participate in the course.

By way of my signature, I release the Lakeland Family Resource Network and its instructors from any and all claims that may result from my participating in training offered by the Lakeland Family Resource Network..

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



Child's Name \_\_\_\_\_

Parents Name \_\_\_\_\_

Emergency Contact while in course \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

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Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_