

RED EAGLE SOARING - PARENT PERMISSION FORM 2010

With my signature (below), I certify that I am the parent or guardian of

1. I give permission to my _____ (son, daughter, etc) to attend **Red Eagle Soaring** activities from January 1st, 2010 - December 31st, 2010 and to travel with **Red Eagle Soaring** staff and/or volunteers to and from these activities.
 2. I agree to hold harmless **Red Eagle Soaring** and its staff and volunteers for any injury or damages that may occur during the project.
 3. I give permission for Red Eagle Soaring to use my son or daughter's image in video or photograph format solely for promotion or publicity or educational purposes; we will ask you for special written permission to use images for any other purpose.
 4. I give **Red Eagle Soaring** personnel my permission to administer any emergency medical aid that might be necessary. (In case of serious illness or accident, parents/guardians will be notified as quickly as they can be reached, but this permission here will make immediate treatment possible) Please enter any medical information that would be helpful for us to know about your child (allergies, medications, etc.):
-
-

Name (print): _____

Signature: _____

Address _____

Cell Phone # _____ Home Phone # _____

Parent/Guardian email _____

