



**PARENT/GUARDIAN CONSENT FOR PARTICIPATION  
IN SALINE VARSITY BLUES**

Cast Member Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I (we), as parent(s) / guardian(s), understand that participation in the Saline Varsity Blues is voluntary. I (we) realize there is a possibility that my (our) son or daughter may suffer injury, including permanent paralysis or death, as a result of participation in the Saline Varsity Blues. I (we), as parent(s) / guardian(s), hereby release the Saline Varsity Blues, its Director(s), Board Members, or anyone associated or working with the organization from any liability resulting from such injury.

I (we) further understand that the Saline Varsity Blues disclaims any financial responsibility for the cost of medical treatment, hospitals, ambulances, or paramedics, etc., arising out of or by virtue of an injury to my (our) son or daughter while participating in any Saline Varsity Blues activity or preparation thereof.

My (our) above-named son or daughter has my (our) approval and permission to participate in the Saline Varsity Blues.

I (we) further acknowledge that before my (our) son or daughter can participate in the Saline Varsity Blues, this consent must be executed by me (us) and filed with the Board of Directors.

\_\_\_\_\_  
**Please Print:** Mother /Guardian Name

\_\_\_\_\_  
Mother / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Please Print:** Father / Guardian Name

\_\_\_\_\_  
Father / Guardian Signature

\_\_\_\_\_  
Date