

# Underage Participant Authorization

I, the undersigned, hereby authorize the participation of my child/ward in the event or activity described below.

Name of Participant (Child):

Date of Birth:

Event/Activity Name:

Parent/Guardian Name:

Contact Number:

Date:

By signing below, I confirm my authorization for my child to participate, and acknowledge that I have read and understood the terms and conditions of this activity.

Signature of Parent/Guardian: