Application For Participation In The Arc of Central Plains Activities Parent or Guardian Release

Applicant's Name:			Applicant's Age	
Address:		 		
(Street)			
(City)	(State)	(Zip)		
Phone Number:(Home)		(Cel	l)	
I, the undersigned parent ar "Entrant"), hereby request p Arc of Central Plains.		•		
I represent and warrant to y activities, and I submit here		•	ntally able to compete in these	
I hereby acknowledge that t and/or legal guardian, on his Central Plains from all liabilit applicant.	s/her behalf, hereby releas	ses, discharges	, and indemnifies The Arc of	
In permitting the Entrant to likeness, voice, and words o other media, and in any forr communicating the purposes to support such activities.	f the Entrant in television, n not heretofore described	radio, films, no	ewspapers, magazines, and	
If I am not personally present at The Arc of Central Plains activities in case of necessity, you are authorized on my behalf and at my account to take such measures and arrange for such medical and hospital treatment as you may deem advisable for the health and well-being of the Entrant.				
Date:	_			
Signature:				
Printed Name:				