



# parental/legal guardian permission and release form

Name of Event: \_\_\_\_\_ Date: \_\_\_\_\_

Please read and answer each of the following questions carefully. This form is required for participation in the above Roots & Shoots event and must be signed and returned by \_\_\_\_\_ date

I give permission for \_\_\_\_\_ to participate in  
Congo Kids / Congregational Church of South Dartmouth's \_\_\_\_\_ on \_\_\_\_\_ date  
name of your Roots & Shoots group      full name of participant      name of event

## Parent/Legal Guardian Information

Full name of parent/legal guardian: \_\_\_\_\_

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

Telephone number(s) where parent/legal guardian can be reached:

Day: \_\_\_\_\_ Evening: \_\_\_\_\_

**In the event that the primary parent or legal guardian cannot be reached during an emergency, please supply the name(s) of an alternate adult(s).**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

I am aware that my child will be under the supervision of \_\_\_\_\_ group leader's name  
for the duration of \_\_\_\_\_ name of Roots & Shoots event

and during travel to and from the event site. The Jane Goodall Institute and Roots & Shoots group leader will not be held responsible for my child's behavior or any accidents that may occur during this event.

\_\_\_\_\_  
signature of parent/legal guardian      date

**roots&shoots**  
the Jane Goodall Institute