



WALKER PERMISSION FORM & WAIVER

Participant Name:

Date of Birth:

Age:

Gender:

THIS FORM IS FOR PARENTS GIVING CONSENT ALLOWING THEIR CHILD TO LEAVE OUR FACILITY ON THEIR OWN. PLEASE NOTE THAT BY SIGNING THIS PERMISSION FORM & WAIVER, YOU ARE HEREBY GIVING YOUR CHILD CONSENT TO LEAVE THE MARTIAL WAY CAMP SITE UNSUPERVISED WITHOUT FURTHER AUTHORIZATION AND/OR CONSENT FROM ANY PARENT OR GUARDIAN. ANY STAFF OR AFFILIATES OF MARTIAL WAY SHALL NOT BE HELD RESPONSIBLE FOR THE PARTICIPANT ONCE THEY HAVE DEPARTED FROM THE CAMP SITE.

PLEASE ONLY SIGN IF YOU ARE IN AGREEMENT WITH THESE TERMS!

Parent / Guardian Signature:

Parent / Guardian Print:

Date: