



WISCONSIN
RIGHTTOLIFE

State Conference Minor's Parental Consent Form

Event date: April 2, 2016

Attendee's name (please print) _____ Date of birth: ___/___/_____

Release Form:

While I understand that Wisconsin Right to Life will take reasonable steps to provide individual care and safety for attendees, I am aware that WRL and its employees or agents cannot assume any responsibility for any injury, damage, or harm which might result during the course of participation in any activity connected to the Wisconsin Right to Life State Conference.

In consideration of my participation or permitting my child to participate, I agree that such responsibility will remain with me, or as the parent or guardian of my child. Should any claim be asserted by any person, as a result of the acts of myself or my child while participating in the activity described above, or traveling to, from, or part of such activity, or should myself or my child assert any claim against WRTL or its employees or agents, I agree to indemnify and hold WRTL and its employees or agents harmless from any such claim, including attorney fees and costs incurred in defense thereof.

I further authorize medical treatment for myself or my child, in the event of illness or injury sustained while I or my child participates in the Wisconsin Right to Life State Conference.

Parent's Signature _____ Date _____

Parent's Name Printed: _____

Emergency phone # (____) _____ - _____