2010
CHILD RELEASE AUTHORIZATION

I, the undersigned parent or legal guardian of _____,
(Print Childôs Name)
grant permission for my child or ward to assist in sandbagging efforts to help mitigate potential flooding in the Red River Valley.

I understand, acknowledge and agree that it is my responsibility to ensure that my child has the appropriate insurance coverage for both accidents and/or illness that might occur as a result of this activity.

_____
Date

_____
Signature of Parent or Legal Guardian

_____
Please print parent or legal guardian name on this line

NOTE: It is recommended that tetanus shots be administered no more than once every ten years. As a volunteer, please make sure your tetanus shot is up to date.