



Educational Awakening Center

PARENT AUTHORIZATION

(PLEASE PRINT)

Participants Name: _____ D.O.B.: _____

Name of Workshop: _____ Workshop Date: _____

Parent Name: _____

Telephone: (_____) _____

I, the undersigned, will hereby authorize my son/daughter to attend the above captioned workshop. I hereby take full responsibility for my son/daughter's enrollment and his/her actions in the workshop. I am aware that the leaders and staff of this workshop are not in any way liable for any physical or emotional distress or damage that may be caused.

X

Parent Signature

Date