EVENT RELEASE FORM (Use this form if you have registered online)

l approve of	's (attendee Full Name) participation in RKS Event at Lakeshore and give permission for my child to be
the hands-on activities associated with the <i>SPA</i> photographed.	RKS Event at Lakeshore and give permission for my child to be
Nighttime Phone Number(s) to be used in case	of an emergency
XParent or Guardian Full Name (Please Print)	
accept responsibility for his/her preparation, pa	ild (named above) to participate in the hands-on activities, and I rticipation, and actions. I will not hold Lakeshore, staff members, or injury. I understand that my child is expected to follow the ruletor.
	hild, I expressly consent to the administration of emergency umber(s) above where I can be reached in case of an emergency:
X	
X	re if 18 years or older Date

• If you are under the age of 18 and have registered online, please complete the RELEASE form below along with

and signed Event Release Form will **not** be permitted to attend SPARKS.

This completed form must be turned into David Saunders.

Questions and submissions can be directed via email to David.Saunders@gotoltc.edu, Call: 920-693-1746 Mail: David Saunders, c/o Lakeshore Technical College, 1290 North Avenue, Cleveland, WI 53015.

NOTE: PLEASE DO NOT WEAR SHORTS. CLOSED TOE SHOES AND PANTS ARE REQUIRED FOR MANY OF THE ACTIVITIES.