

## Destination Exploration - Summer Camps/Workshops

### PARENTAL CONSENT FORM

I give my permission for my child, \_\_\_\_\_, to participate in the recreational and instructional activities that are a part of Destination Exploration sponsored by Asheville-Buncombe Technical Community College. I understand it is my responsibility to drop my child off at A-B Tech at the appointed time and pick them up promptly every day. I understand that if my child misbehaves, I will be contacted and I will pick up my child promptly from wherever my child is at that time. I understand that my child will be engaging in field trips, classroom, physical, cooking, and/or art related activities during the program and I hereby release and indemnify Asheville-Buncombe Technical Community College, its officers, directors, agents and employees from any and all liability for personal injury and property damage arising out of my child's participation in the Camp. I understand that in case of an emergency that requires immediate medical attention, the camp will not only contact a parent/guardian but also contact the local authorities through 911 and allow the local authority to do whatever is necessary to help my child and provide the authorities with the health information I have provided. I accept responsibility for charges not covered by insurance.

After reading and understanding this Permission Form and accurately filling out the health information form, I declare that I am the legal parent or guardian of \_\_\_\_\_. I also agree that my child has permission to participate in Destination Exploration Summer Camp and any pictures of my child may be used for future publications by A-B Tech.

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Parent/Guardian Name: (Please print)

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Signature: (Please print or type and fill in completely.)      Date: (Please print or type and fill in completely.)

T-Shirt Size - Circle: Child: XS   S   M   L  
Adult: S   M   L   XL   XXL