



GENERAL CONSENT FORM

In order for the member, _____, to participate in field trips and other activities with his/her group, we must have an authorization on file. Signing below, allows permission for the member to participate in a full range of field trips, activities, and other community outings, which are a part of the Careloft experience.

Each person signing below acknowledges that they have legal guardianship of the member, or the member is his or her own guardian, and they acknowledge that they have read this release and understand all of its terms and their significance. This release is executed voluntarily for broadening the educational experience of the member.

Responsible Person(s) Signature: _____

Responsible Person (s) Printed Name _____

Date: _____

Careloft
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