

Authorization for Minor/Child Participation The Catacombs Haunted House - 2016

| | e note: all volunteers currently enrolled in have this form completed and on file in order | • |
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| I, | (parent's name – please print legibly) | _, give authorization for my |
| child, _ | (child's name – please print legibly) | , to participate in The |
| Cataco | ombs Haunted House for the 2016 season. | |
| | ning this form, my child and I understand and My child must adhere to the rules set forth by (These rules can be found on pages 3-4 of the I am responsible for my child's transportation There are security cameras on the premises only. Photographs and/or videos of my child may I These items may be used in marketing or so The Catacombs staff and Saint Pascal Church damaged, or stolen belongings. All personal and medical information given to and up-to-date. This information is given for it Catacombs staff or emergency personnel. | the staff of The Catacombs. Teen Volunteer Guide.) To and from The Catacombs. Which are used for internal use The Captured during the haunt. The Catacombs staff is accurate |
| | nature below indicates that I have read and u e Teen Volunteer Guide provided by The Cat | |
| Parent | or Guardian Signature: | Date: <u>/ /2016</u> |
| Teen V | olunteer Signature: | Date: <u>/ /2016</u> |