

Crawford School of Terror

Authorization for Minor Children
(every volunteer YOUNGER than 18 needs to complete this form in order to participate)

PLEASE PRINT

I, _____, hereby give authorization,
(Parent/Guardian)

for my child, _____, to participate in all phases
(Minor Child)

of implementation of the Crawford School of Terror _____ season.
(Year)

By signing this form, I understand and authorize the following:

1. They must behave and perform accordingly or they may be asked to leave.
2. Unfortunately, we cannot provide transportation for them on any night.
3. There may be period of times that your child is not directly supervised.
4. You are authorizing your child to help our attraction.
5. We may take and use photos of the attraction that may contain your child.
6. Our attraction may not be available by phone to answer questions about their presence or role with the attraction.
7. Your child may be asked to dress in costume to play a role within the attraction. We do not yet know what this role may be.
8. You will pick up your child and sign them out with a Crawford School of Terror Ticket Booth.
 - a. If your child is going home with another Crawford School of Terror Parent, please send a signed note with your child on the night they will be participating.
9. Your child has offered to volunteer during the following timeframes:

Parent/Guardian Signature

Date

Phone Number

Address, City, Zip

