

Face the Future



CHARITY NUMBER 1107452
Liability Release Form

I/We
.....Parents/Gaurdians of

Childs Name.....

Hereby expressly acknowledge that I / We be allowed to participate in a holiday / trip being granted to the above child by Face the Future.

With respect of the physical and emotional effects of granting this holiday / trip of the above named child I /We hereby acknowledge that I / We will consult and obtain written authorization of ;

DOCTOR.....MD who is the child's primary care physician to allow the above child to participate in the holiday / trip and will follow the advice of the physician herewith.

I / We hereby grant permission to Face the Future to obtain such medical information concerning the above child as Face the Future shall deem necessary in the consideration of granting the holiday / trip from whatever source of sources as Face the Future shall determine at its discretion.

I/We hereby warrants that I/We have read the foregoing release have executed it freely and voluntarily.

Parents/Guardian.....Witness.....

Parents/Guardian.....Witness.....

Date.....

This form must be completed by all applicants.