



The Neutral Zone
Ann Arbor's Teen Center

Special Project/Events Consent Form

Date: _____
Name of Teen _____
Name of Parent/Guardian _____

By signing below, my guardian and I acknowledge that I will participate in

(Event, date, and time)

I understand also that I will be supervised by Neutral Zone Staff and at no time will engage in any illegal acts, if so I risk having my parents called and sent home at their expense.

In granting this permission, I assume full responsibility for damage to person or property caused by my child or myself.

I agree that if it is determined that I or my child needs medical or dental treatment, I will be responsible for any such treatment determined by a physician or dentist.

I agree that my child or I may have photos or video/sound recordings taken while participating in this event. I also give permission to use them for educational, professional or public purposes about the Neutral Zone.

Furthermore, in case of an emergency I agree that my child should be given any medical care deemed necessary by a physician.

Signature by teen Date

Signature by parent or guardian Date

Contact Information:

Parent/ Guardian Contact _____

Phone number(s) home: _____ cell: _____

Second Contact: _____

Phone number(s) home: _____ cell: _____

General Physician: _____ phone number: _____

General Dentist: _____ phone number: _____

Questions? Contact Lori Roddy, 734-214-9995 ex. 226, lori@neutral-zone.org