



***The Neutral Zone***  
Ann Arbor's Teen Center

**General Release Form:**

This is a general release form for teens to participate in programs and events at the Neutral Zone or within the local community. If there are special events or projects outside the city limits, Neutral Zone requires an additional parental consent.

Date: \_\_\_\_\_

Name of Teen \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address of Parent/Guardian \_\_\_\_\_

Phone Number of Parent/Guardian \_\_\_\_\_

Physician Name \_\_\_\_\_ Physician Phone \_\_\_\_\_

Insurance Name \_\_\_\_\_ ID Number \_\_\_\_\_

Any other information we should know? (allergies, medical, special needs?) \_\_\_\_\_

I grant my child permission for the following:

\_\_\_\_\_ I assume full responsibility for damage to person or property caused by my child.

\_\_\_\_\_ 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.

\_\_\_\_\_ I agree that my child may ride in a vehicle driven by Neutral Zone staff who have received license background checks.

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please feel free to contact Program Director, Lori Roddy, [lori@neutral-zone.org](mailto:lori@neutral-zone.org) or 734-214-9995 ex. 226. Mail to 310 E. Washington St., Ann Arbor, MI 48104.