

1229 Corporate Drive West Arlington, Texas 76006 tel (817) 607-0060 fax (817) 649-5232 AmericanMensa@mensa.org www.us.mensa.org

## Parental Permission & Release Form For Minors

My minor child(ren)	has/have
permission to participate in	He/She/They is/are in
good physical and mental condition. In case of emergency the Mensa lea	der is authorized to secure
proper treatment until I can be reached.	
During the cost it. I was the good of the good of	
During the activity, I may be reached at phone #:	
If I cannot be reached in the event of an emergency, the following person behalf:	is authorized to act in my
Name and address:	
Relationship to participant:	
Home Phone:	
Physician's name:	
Phone:	
Allergies or additional remarks:	
I hereby release American Mensa Ltd., San Francisco Regional Mensa, and as well as the member-host of this event ("Mensa") from any liability for an suffered during or as a result of participation in this event, including but not lipsychological injuries. I acknowledge that my child/children might be exposed adult nature and release Mensa from any liability for any harm alleged to be and hold harmless Mensa for any damage caused or liability incurred by my classical support of the control of the	y harm to my child/children mited to physical injuries or to topics or language of an aused by it. I will indemnify hild/children.
$\hfill \square$ I give my consent that any photographs or video or audio recordings appears may be used by Mensa including on Mensa websites.	in which my child/children
Parent/Guardian's Signature	
Print Parent/Guardian's Name	
Date	