

Wavier Form

Student Name: _____ Date of Birth: _____

Parent Name: _____ Parent Phone: H _____

Parent Phone: W _____ Emergency Contact Name: _____

Emergency Contact Phone: _____ Relationship to Student: _____

As legal guardian of this child, I give my permission for my son/daughter to attend in all activities Cogswell College will be offering. Images of my son or daughter may or may not be used in Cogswell College public relations.

Parent/Guardian Signature (Required)

Date