Treelotta Minor Release & Consent Form

Student Name: _____
Age: _____
Parent/Guardian Name: _____
Phone: _____
Email: _____

I, the parent/legal guardian of the above-named student, give permission for my child to participate in classes at Treelotta. I understand that while staff take reasonable safety precautions, there is some risk of minor injury. I release Treelotta, its instructors, staff, and volunteers from liability for injury or loss during class. I authorize Treelotta staff to seek emergency medical care if necessary.

Known Allergies or Medical Concerns:
_____

Photo/Video Consent: I consent to my child being photographed or recorded for Treelotta promotional purposes.

☐ Yes ☐ No

Parent/Guardian Signature: _____
Date: _____