TO WHOM IT MAY CONCERN:

This is to certify that I, as the parent or guardian of ____ a participant at the Living History event held by the World War II Federation at Fort Indiantown Gap in Pennsylvania, I hereby grant permission to the adult acting as my Guardian for this event to obtain medical care, at my expense, from any licensed physician, hospital, or medical clinic, for the participant named herein at such time as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all activities, including the period required to travel to and from those activities; and we do hereby waive, release, absolve, indemnify, and agree to hold harmless the World War II Federation, and Fort Indiantown Gap; the organizers, supervisors, participants; and persons transporting the participant to and from those activities, for and all claims arising out of an injury to the participant.

Signed:____ Date:__________________

Print name of above Signature:____

Relationship to Participant:____

Please Print the following information:

Person attending the event that will be the legal guardian / parent for the above minor:

Last Name:_______________________________________ First Name:_________________________________ MI:_____

Address:____

City:____ State:______ Zip Code:____________

Home Phone Number:____

Cell Phone Number:____