



Sample Permission Slip	
My child,	, has permission to participate in (your name and
name of TechShopz Program) on (date).	
During the Program activities, I may be reach	ned at:
Name:	
Mobile #:	dome #:
Indemnity and Waiver of Claim: I acknowledge that as a condition of the Student participating in any of the programs or activities, I agree to indemnify and hold harmless (your name), its volunteers, and the owners of the place where the program/activity is being held, from any liability arising out of the above mentioned program or activity.	
Photographic Image Use: I do give permissio	n for photos or videos to be posted on
(Name of your website), approved partner websites, or for press related purposes. No names will be used on our website.	
By signing this form, I declare that I am the legal parent/guardian of the minor child listed above and authorized to grant such permission.	
Parent's Signature and Date:	
Complete and sign this form. Please return to	using one of these options:
Scan and email to: (your email address)	
Fax to: (xxx-xxx-xxxx), Attn: (your name)	
Mail to: (your name and address)	
Or bring with you to event.	