



**CONSENT OF PARENT OR LEGAL GUARDIAN**

I, \_\_\_\_\_, hereby give permission for  
(Parent/Legal Guardian)

\_\_\_\_\_ my \_\_\_\_\_, ("minor")  
(Name of minor) (Insert "son", "daughter" or "ward")

to participate in the production of \_\_\_\_\_, and  
(Program Title)

accept financial responsibility for the actions of said minor during the production of this Public Access program.

In case of emergency, I understand that a reasonable effort will be made to contact me, the minor's Parent/Legal Guardian.

In the event that I cannot be reached, please contact:

\_\_\_\_\_ at \_\_\_\_\_.  
(Name of Adult) (Phone Number)

\_\_\_\_\_  
(Parent/Legal Guardian - Signature) (Witness - Signature)

\_\_\_\_\_  
(Address) (Witness- Print Name)

\_\_\_\_\_  
(Phone #)

Dated: \_\_\_\_\_