

# Circle Sanctuary

PO Box 9, Barneveld WI 53507 USA

(608) 924-2216; psg@circlesanctuary.org; www.circlesanctuary.org/psg

## Parent / Guardian Authorization for Minor Child to Attend PSG

To Circle Sanctuary Staff:

I, \_\_\_\_\_, as the parent / guardian of \_\_\_\_\_, a minor child who is \_\_\_\_\_ years of age, do hereby grant my permission for her/him to attend the Pagan Spirit Gathering (PSG). Further, I authorize \_\_\_\_\_, who is an adult of at least 18 years of age, to act guardian of the aforementioned minor child during the Pagan Spirit Gathering.

In the event that the aforementioned minor child experiences a medical emergency, and the aforementioned Guardian is unavailable to make any necessary medical decisions on her/his behalf, I authorize Circle Staff any such necessary medical decisions.

I agree to hold Circle and Circle staff harmless from any injury that may result from any necessary medical decision made by the aforementioned Guardian or Circle Staff on behalf of the minor child, as described in the preceding paragraph.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Name of Parent / Guardian \_\_\_\_\_

Phone Number \_\_\_\_\_

Email: \_\_\_\_\_

Name of Minor \_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Legal name of adult designated as Guardian at PSG

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_