

TIFFIN CROSS COUNTRY CARNIVAL  
ELEMENTARY CONSENT TO PARTICIPATE

Participant: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

I, the parent(s) of the above named child hereby give my approval for his/her participation in the Tiffin Cross Country Carnival event. I acknowledge there are hazards related to this activity and I hereby assume responsibility for all risks incidental to this event, and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Tiffin City School District and all its representatives for any claim arising out of injury to my child.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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