

Permission Form Waiver for My Kaleidoscope Project

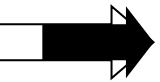
I _____, the parent/Guardian of _____ ("my child"), give permission for my child to attend the _____.

I hereby release **My Kaleidoscope Project**, its employees, agents and volunteers, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in or traveling to and from this event.

The following is all of the insurance information, restrictions, allergy and medication information necessary for my child to receive appropriate medical care.

I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the property of **My Kaleidoscope Project**, properties visited onouting, other's personal property, or vehicles used for transportation.

I agree and to all of the above stated.



(Parent/Guardian Signature)

Parent/Guardian Name

Parent Email

(Parent/Guardian Phone Number)

(Emergency Contact Name)

(Emergency Contact Phone)



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My Kaleidoscope Project is a 501© (3) nonprofit organization. EIN# 81-2837344

***My Kaleidoscope Project is not affiliated with the Simi Valley Unified School District**