

PARENTAL CONSENT

PARENT OR GUARDIAN: _____

PHONE NUMBER: _____

ALTERNATE PHONE NUMBER: _____

ADDRESS: _____

MINOR CLIMBER: _____

DATE OF CLIMB: _____

TO WHOM IT MAY CONCERN:

I AM THE PARENT OR GUARDIAN OF THE ABOVE NAMED MINOR. I GIVE MY PERMISSION FOR HIM TO CLIMB AND RAPPEL AT LAKE MINERAL WELLS STATE PARK AND TRAILWAY ON THE DATE SPECIFIED. IF THERE IS ANY PROBLEM OR QUESTION, PLEASE CALL

PARENT OR GUARDIAN'S SIGNATURE

DATE

Everyone under 17
need to have this
filled out (copy
this)