

**PARENT/GUARDIAN CONSENT FORM FOR MINORS
WHEN LEGAL GUARDIAN IS NOT PRESENT**

NAME OF CHILD:	
NAME OF LEGAL GUARDIAN:	
LEGAL GUARDIAN PHONE NUMBER:	
NAME OF CHAPERONE THAT WILL BE PRESENT:	

I, _____ (your name) give permission for my child, _____ (your child's name) to attend Devil's Den Spring and to participate in snorkeling or scuba diving at Devil's Den Spring.

In my absence, as my child's legal guardian, I give permission to _____ (chaperone's name) to act as my child's chaperone/guardian and be responsible for my child while they are on the property of Devil's Den.

In the event that my child should require routine or emergency medical attention during their visit to Devil's Den, I authorize _____ (chaperone's name) to make any and all necessary parental decisions concerning any and all medical treatment my child may require.

SIGNATURE OF LEGAL GUARDIAN: _____ Date: _____

SIGNATURE OF CHAPERONE: _____ Date: _____

NOTE: THIS LETTER MUST BE NOTARIZED IN ORDER TO BE VALID

Please stamp notary seal below