



**RELEASE OF E.T. KIDZONE CHILD
TO AN AUTHORIZED ADULT**

I GIVE MY PERMISSION FOR _____
Print child's name.

TO BE PICKED UP BY _____
Print name of individual authorized for pick-up.

ON _____
List dates of pick-up.

CONTACT PHONE NUMBERS FOR THE AUTHORIZED INDIVIDUAL

ARE: (Home) _____

(Cell) _____

(Work) _____

*A parent/guardian must personally present this form to site E.T. KidZone staff.
A photo ID will be required from the authorized individual upon pick-up.*

Parent/Legal Guardian Signature

Date

Print Parent/Legal Guardian Name