



**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