

SKYDIVE BIG SKY
Underage
Permission Form Waiver

I _____, the parent of
_____ (“my child”), give permission

for my child to participate in,

I understand that personal injury can and may occur to my child, and I understand that I am to be liable for and to pay all costs incurred in connection with such medical attention.

I hereby release **SKYDIVE BIG SKY**, 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.

I agree to accept full responsibility, financially or otherwise, giving my child permission to be a participant in Skydiving with **SKYDIVE BIG SKY!**

I agree and consent to all of the above stated.



(Parent Signature)

(Date)

(Emergency Contact Name and Phone Number)