PARENT/GUARDIAN CONSENT FORM

Please print legibly or type.

My name is	and I am over 25 years of age.
I agree to assume responsibility of	, who
is under the age of 18, during his/her atter	ndance at this year's MJAA Conference. I agree
to monitor and oversee the activities of the minor attendee throughout the entire period in	
the same way a responsible parent would	do.
Conference Guardian's Signature	Date
My name is	,
and I am the parent of	I give permission
for	to assume responsibility as Conference
Guardian for our child during his/her atten	dance at the MJAA Conference. My address and
phone number are as follows:	
Address	
Phone	Date
Parent's Signature	

Please sign return this form, Scan or take picture, and return via email to: <u>Conferenceservices@mjaa.org</u>