



## TRAVEL CONSENT

I, \_\_\_\_\_, declare that I am the parent/legal guardian of,  
\_\_\_\_\_, male, born \_\_\_\_\_. My child has my consent  
to travel with the 12Deep of Milwaukee, WI. If my child requires emergency medical treatment, and I cannot  
be reached, the staff of the 12Deep/NAYS is authorized to consent to medical treatment.

I understand that the 12Deep/NAYS recommends that no valuables be brought on trip and if my son chooses  
to bring any valuables, the 12Deep/NAYS organization is not responsible for loss or damages.

I understand that if the 12Deep/NAYS deems it advisable to make special arrangements for my child to be  
returned home due to any unforeseen circumstances arising, I accept full responsibility for the additional costs  
which shall be incurred.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date Signed