



Big Brothers Big Sisters
of Marquette & Alger Counties

Little Moments. Big Magic.™

Summer program release

Child's name	Parent's name		
Address	City	State	Zip
Contact telephone(s)	Date of Birth	2009-10 grade	Male Female
Emergency contact info: Name: Telephone:	Ethnicity American Indian or Alaska Native Asian Black Hispanic Native Hawaiian or Other Pacific Islander White Other		

I give my child, _____, permission to participate in Big Brothers Big Sisters summer programs. I release and agree to hold harmless Big Brothers Big Sister of Marquette & Alger Counties, Inc and its designees any claims for damages for injury to person or property arising from my child's participation in these programs which are not caused by the negligence of Big Brothers Big Sisters of Marquette & Alger Counties. I also agree that transportation for my child to and from the program is my responsibility unless prior arrangements have been made with Big Brothers Big Sisters.

Date

Parent or Guardian Signature