BALL STATE UNIVERSITY
TEACHERS COLLEGE
DEPARTMENT OF LABORATORY SCHOOL

Permission Form

This is to certify that _____

has my permission to participate in the following activity:

_____

_____

_____

Date of activity: _____

Depart from Burris: _____

Return to Burris: _____

Admission Charge: _____ Transportation Charge: _____

I understand that every precaution will be exercised by the faculty member(s), Ball State University participants, and parent chaperons during the above activity. However, in the event of an accident, I agree to hold harmless Ball State University, Teachers College, Burris Laboratory School, Ball State University participants and employees from any liabilities for said accident.

_____
Parent Signature

_____
Date