



Parental Consent Form -  
Unaccompanied Youth Release

If you wish to grant your child permission to sign out and leave a Hounsfield Heights Briar Hill Community Association Program at his/her discretion, please complete and sign the form below. Youth aged 12-17

I give my child, \_\_\_\_\_, permission to sign-out and leave the \_\_\_\_\_ program for the dates of \_\_\_\_\_ at

his/her discretion. I accept full responsibility for the child named above.

I agree to assume all risk of any personal injury or damage or loss, which he/she may sustain as a result of his/her release from supervision from the Hounsfield Heights Briar Hill Community Association program.

I agree to waive and relinquish all claims and hold harmless The Hounsfield Heights Briar Hill Community Association, its officers, agents, volunteers and employees from any and all claims related to unaccompanied youth released from The Hounsfield Heights Briar Hill Community Association program

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Please Print

Email: \_\_\_\_\_

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