



**Tubman’s Movement for Violence Prevention
Release of Liability and Permission Slip**

I hereby authorize my child/ren to participate in Tubman’s Movement for Violence Prevention (MVP) training program. I understand that Tubman will take all ordinary and necessary precautions for the care of the children during their training involvement. I hereby release Tubman from all responsibility for:

Loss or injury **NOT** caused by negligence of Tubman.

Parent/Guardian Signature: _____

Date: _____

Emergency Card Information

Child/ren’s names and birth dates:

Name: _____ Age: _____ DOB: _____

Name: _____ Age: _____ DOB: _____

Name: _____ Age: _____ DOB: _____

Parent/Guardian name/s: _____

Work phone: _____

Home phone: _____

Cell: _____

Emergency Contact

Name: _____ Phone: _____

Address: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Address: _____

Allergies/ Current medications: _____

Other important medical information:
