

## PARENTAL CONSENT

PARENT OR GUARDIAN: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ALTERNATE PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MINOR CLIMBER: \_\_\_\_\_

DATE OF CLIMB: \_\_\_\_\_

TO WHOM IT MAY CONCERN:

I AM THE PARENT OR GUARDIAN OF THE ABOVE NAMED MINOR. I GIVE MY PERMISSION FOR HIM/HER TO CLIMB AND RAPPEL AT LAKE MINERAL WELLS STATE PARK AND TRAILWAY ON THE DATE SPECIFIED. IF THERE IS ANY PROBLEM OR QUESTION, PLEASE CALL.

\_\_\_\_\_  
PARENT OR GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE