

16 or OLDER RELEASE FORM

By signing below, I authorize my child, _____, to leave the Wasson Academic Campus May 11th, and 17th-19th, 2024 without my signature on the sign out form and do not hold the Turning Pointe owner, directors, or volunteers as responsible for my child once they are released from rehearsals and performances.

Student's Name & DOB

Parent/Guardian Signature

Date

SIBLINGS RELEASE:

I authorize my child named above to sign out all siblings named below on the Turning Pointe release forms. They are allowed to leave Wasson Academic Campus on May 11th and 17th-19th, 2024 with their sibling (named above) and I agree to not hold the Turning Pointe owner, directors, or volunteers responsible for my child(ren) once they are released from rehearsals and performances.

Parent/Guardian Signature

Date

Student Name

Student Name

Student Name

Student Name