

PARENTAL/LEGAL GUARDIAN PERMISSION FORM FOR
THE SHEARER SUMMER INSTITUTE 2022

I hereby consent to have my child, _____,
participate in the Shearer Summer Institute at the *Mountain Retreat and Learning Center*
(MRLC). I understand that this event may involve hiking in Nantahala National Forest and that
my child will take every precautions to stay safe (especially around waterfalls and swimming
holes). During the symposium, I give my consent for my child to be supervised by the
designated staff of the MRLC. I further consent to the rooming arrangement.

I give permission for my child, in case of an emergency, to be taken to a physician or hospital by
symposium staff personnel. I understand that every effort will be made to contact me. If I cannot
be reached, however, I hereby give permission to the physician selected by the staff in charge or
adult chaperone(s) to hospitalize and secure proper treatment (including surgery) for my son/
daughter.

Parent's or Legal Guardian's Signature _____

Date _____

Health Insurance Policy Name: _____

Policy Number _____

Emergency Contact person _____

Phone Number _____