

RELEASE FORM FOR MINORS/DEPENDENTS

450 North Avenue • Battle Creek, MI 49017

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INDIVIDUAL'S NAME		
First	Last	
PARENT OR GUARDIAN NAME		
First	Last	Phone Number
Signature	Date	Email
INDIVIDUAL'S NAME		
First	Last	
PARENT OR GUARDIAN NAME		
First	Last	Phone Number
Signature	Date	Email
INDIVIDUAL'S NAME		
First	Last	
PARENT OR GUARDIAN NAME		
First	Last	Phone Number
Signature	Date	Email