

Date: \_\_\_\_\_

\_\_\_\_\_  
Student Last Name

\_\_\_\_\_  
Student First Name

### LIABILITY RELEASE FORM

I \_\_\_\_\_ agree to participate in all Shadow Day  
(Student)  
activities and will not hold ETBU responsible for any injury that may occur if I decide to  
participate in any other activity.

*\*If student is under 18 years of age:*

I \_\_\_\_\_ will not hold ETBU responsible for any injury  
(Parent)  
that may occur if my child decides to participate in any activity not part of  
Shadow Day.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent's Signature

### EMERGENCY CONTACT INFORMATION

\_\_\_\_\_  
Father's Name (Printed)

\_\_\_\_\_  
Father's Home Phone

\_\_\_\_\_  
Father's Work Phone

\_\_\_\_\_  
Father's Cell Phone

\_\_\_\_\_  
Mother's Name (Printed)

\_\_\_\_\_  
Mother's Home Phone

\_\_\_\_\_  
Mother's Work Phone

\_\_\_\_\_  
Mother's Cell Phone

\_\_\_\_\_  
Health Insurance Company

\_\_\_\_\_  
Policy #

Best number to use in case of emergency: \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_