



TRAVEL CONSENT

I, _____, declare that I am the parent/legal guardian of,
_____, male, born _____. My child has my consent
to travel with the 12 Deep of Milwaukee, WI. In the event that my child requires emergency medical
treatment and I cannot be reached, the staff of the 12 Deep is authorized to consent to medical treatment. I
understand that the 12 Deep recommends that no valuables be brought on trip and if my son chooses to bring
any valuables, the 12 Deep organization is not responsible for loss or damages. I understand that if the 12 Deep
deem it advisable to make special arrangements for my child to be returned home due to any unforeseen
circumstances arising, I accept full responsibility for the additional costs which shall be incurred.

Signature of Parent/Legal Guardian

Date Signed