



Box 402 ~ Danville, CA 94526-0402
925.820.1818 ~ taohouse.conf@gmail.org

PERMISSION FORM

YOU MUST HAVE THIS FULLY-COMPLETED FORM WITH YOU TO PARTICIPATE IN STUDIO RETREAT AT TAO HOUSE!

Student Name: _____ **Birth Date:** _____

My son/daughter has my permission to attend the **Studio Retreat at Tao House, Jul. 21 - Aug. 1** from 8:30am until 3:30 pm.

I understand my son/daughter will meet a National Park Shuttle at one of two designated pick-up locations for transportation to the Eugene O'Neill National Historic Site, Tao House in Danville, and will be returned to the same pick-up location at the end of the day's activities. If I cannot be reached in an emergency, I authorize the event chaperone to act on my behalf, obtaining the services of a licensed physician if in his/her judgment any illness or accident should so indicate.

Parent/Guardian signature: _____ **Date:** _____

Parent/Guardian printed name: _____

PLEASE LIST KNOWN ALLERGIES:

Food Allergies: _____ Other Allergies: _____

Medications: _____

IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

(1) Name: _____ Home Phone: _____

Relationship: _____ Cell Phone: _____

(2) Name: _____ Home Phone: _____

Relationship: _____ Cell Phone: _____

Please be sure to have this fully-completed form with you at the pick-up location

MEDIA/PHOTO RELEASE FORM

I give permission for the Eugene O'Neill Foundation, Tao House, and its representatives, the National Park Service, and outside media agents (newspapers, television, etc.) to take photographs, video, and otherwise document my child / myself involved in the activities of this program.

I give permission for any photographs or video material of my child / myself to be used in publicity about the program and sponsoring organizations (website, promotional materials, newspapers/magazine articles, etc.)

Parent/Guardian Signature: _____

Parent/Guardian Name (printed): _____ **Date:** _____