

2024 Studio Retreat at Tao House

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PARENT/GUARDIAN PERMISSION FORM

Scan and email to taohouse.eonf@gmail.com

YOU MUST EMAIL THIS FULLY-COMPLETED AND SIGNED FORM TO PARTICIPATE IN STUDIO RETREAT AT TAO HOUSE!	
Student Name:	Birth Date:
with a break Jun. 19 & 20. I understand my son/dat pick-up locations for transportation to the Eugene O' the same pick-up location at the end of the day's active	Retreat at Tao House Jun. 19 - 30, 2024 from 8:30am until 3:30 0 pm, ughter will meet a National Park Shuttle at one of three designated Neill National Historic Site, Tao House in Danville, and will be returned to vities. If I cannot be reached in an emergency, I authorize the event of a licensed physician if in his/her judgment any illness or accident should
Parent/Guardian signature:	Date:
Parent/Guardian printed name:	
PLEASE LIST KNOWN ALLERGIES:	
Food Allergies:	Other Allergies:
Medications:	
IN CASE OF AN EMERGENCY, PLEASE NO	OTIFY:
(1) Name:	
Relationship:	
(2) Name:	
Relationship:	
MEDIA/D	
WEDIA/P	HOTO RELEASE
	tion, Tao House, and its representatives, the National Park elevision, etc.) to take photographs, video, and otherwise vities of this program, including social media.
I give permission for any photographs or video m program (website, promotional materials, newspa	naterial of my child / myself to be used in publicity about the apers/magazine articles, social media, etc.)
Parent/Guardian Signature:	
Parent/Guardian Name (printed):	Date: