AMHERST COLLEGE

2015 CHILDREN’S REUNION EVENING PROGRAM

PERMISSION TO LEAVE AT WILL FORM

Please complete a form for EACH child who is 12 - 13 years old.

Once registered with the program, no child will be permitted to leave without being accompanied by an adult, unless the written consent below is presented.

I agree that my child is permitted to leave the premises of the Amherst College Children’s Reunion Evening Program at will. I take full responsibility for him/her after that time and for his/her actions. Only children 12 years and older may be given permission to leave without being accompanied by an adult.

Child’s Name: ________________________________

Date of Birth: ________________ Age at Reunion: ________________

Signature of Parent/Guardian: ________________________________

Date: __________

Please Print Full Name: ________________________________

Name of Returning Alumna/Alumnus: ________________________________

Class Year: ________

Please return this form to: Children’s Reunion Program, Alumni and Parent Programs, Amherst College, P. O. Box 5000, Amherst, MA 01002-5000 no later than May 1, 2015.