

Sharon Garvar, Chapter Coordinator Santa Clarita Valley/Antelope Valley/Sylmar Project Linus Chapter 27943 Seco Canyon Rd. #517 Santa Clarita, CA 91350

I,	the parent/guardian of	(child's
name) consent to allow my	child to participate in the Project Linus – Sant	ta Clarita Valley /
Antelope Valley / Sylmar "	"Make a Blanket Day" on	I
understand that in the even	nt of an injury, Project Linus, Golden Valley Hi	igh School, and Sharon
Garvar are not liable.		
Print Name	Signature	
Date		
I,((child's name) agree to abide by the safety rule	es set up by the chapter
coordinator for the Project	Linus "Make a Blanket Day" on	
Child's Name Print	Child's signature and da	nte
Child's Name print (if mor	re than one child from same family) Child	's Signature and date