

**NMSU Family Resource Center Liability Release Form:**

I \_\_\_\_\_ (print name) give permission for my  
son/daughter \_\_\_\_\_ (print name) to participate in  
\_\_\_\_\_ (list activity) on  
\_\_\_\_\_ (date(s)). This activity will be held at  
\_\_\_\_\_ (location). The children will be (list specific  
nature of activity) \_\_\_\_\_.

We hereby release the Family Resource Center, the Family and Consumer Sciences Department,  
New Mexico State University, the State of New Mexico or their employees, and the owners or  
operators of any property where the activity may take place, from liability in the event of  
illness, injury or loss occurring to our son/daughter or their personal belongings and will make  
no claim as a result thereof.

Name of Person(s) authorized to pick up child: \_\_\_\_\_

Phone number #1 \_\_\_\_\_

Home      Cell      Work      (please circle)

Phone number #2 \_\_\_\_\_

Home      Cell      Work      (please circle)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date