



HOMENETMEN Glendale Ararat Chapter

Mailing Address and Activity Center: www.Ararat.org E-mail: info@Ararat.org
3347 N. San Fernando Road, Los Angeles, CA 90065 Tel. (323) 256-2564 Fax: 323-256-0639

Informed Consent Agreement

I, the undersigned parent and/or legal guardian of _____,
(Name of Minor)
hereby give my permission for him/her to participate in one _____
practice/class only on ____/____/____

**I understand that participation in this activity offered through Homenetmen
Glendale "Ararat" Chapter involves a certain degree of risk. I have carefully
considered the risk involved and hereby consent that my son/daughter
participate in the aforementioned activity on the aforementioned date
acknowledging that Homenetmen will not be liable for any injury occurring during
the aforementioned activity and will not be covered by their insurance.**

**If my child decides to continue his/her activity, he/she should follow the normal
process of becoming a member and then join the aforementioned activity.**

Name of Parent/Guardian (Please print)

Signature of Parent/Guardian

Date