

SUMMER DANCE LAB

Whitman College

Walla Walla, Wa 99362 (509)527-5796 fax (509)526-4744
sdl@whitman.edu www.whitman.edu/summer_dance

**2009 Permission Waiver and
Off Campus Permission Form**

Student's Last Name: _____ First Name: _____

I understand there may be off-campus outings which my son, daughter or ward may attend. IN ADDITION, I GIVE CONSENT FOR SAID MINOR TO LEAVE CAMPUS ACCORDING TO GUIDELINES SET FORTH IN "Responsibilities of Students." SPECIFICS: Check "yes" or "no"

May ride in SDL staff-driven vehicle: yes ____ no ____

May ride in vehicle driven by student or friend: yes ____ no ____

May attend PG-13 movies: yes ____ no ____

May attend "R" rated movies: yes ____ no ____

May visit off-campus families or friends' homes: yes ____ no ____ Specifically:
Names: _____

May be released for local visiting to: Names: _____

Please indicate relationship to student: (i.e., friend, ballet instructor, neighbor, etc.) _____

PLEASE SIGN BELOW TO INDICATE YOU HAVE READ, UNDERSTOOD AND ACCEPTED THE RULES STATED UNDER "SDL Responsibilities of Students"

Parent(s)'/Legal Guardian's signature: _____

Date: _____

Please complete this form and return to us at the above address.