

The 2024 NASN Film Festival

Parental / Guardian Consent Form



By completing this form, I hereby acknowledge myself as a legal guardian to the below mentioned individual and grant him/her the permission to participate in The 2024 NASN Film Festival. I also, individually and on behalf of my child, release the North American Salesian Network, Desales Secular Institute, and all other parties involved with The 2024 NASN Film Festival from any liability to harm or misfortune that may befall the below mentioned individual due to their participation in this event.

Participant's Name: _____

Guardian's Name: _____

Relationship: _____

Phone Number: _____

Email Address: _____

By signing below, I agree to the terms of this form.

Guardian's Signature: _____

Date: _____