

Dear Parents or Guardians:

In the event that a person other than the parent or guardian of a child will be transporting a child to our Oneness Project event, we ask the parent or guardian to print, fill out, sign and return this form to the address at the bottom of the page. In addition to giving your permission for the person(s) named to bring your child, you acknowledge that the person(s) will be responsible for your child throughout the event. Please make sure you complete a **Medical Release Form** also.

Thank you.

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**Oneness Project
Guardianship Release Form
Oneness Project's Dances of Universal Peace Retreat**

I give permission for my child, name _____, age _____, to be transported to the Oneness Project event in my absence by the person(s) named below. I have communicated to the person(s) named below that they are to be responsible for my child *at all times* when not in a scheduled Oneness Project planned activity.

Name of Event _____ Date _____

Temporary Guardian _____ Relationship _____

Address _____ City /State/Zip _____

Cell phone number _____ Home phone _____

Where guardian is staying during the event (hotel/cabin name, tent, etc.) _____

Parent _____

Home Phone _____ Work Phone/Hours _____

Cell Phone _____ During Camp _____

Address _____ City/State/Zip _____

Effective Date: _____ to _____

Parent's Name (please print): _____

Parent Signature _____ **Date** _____

Please return this form **two weeks prior** to the event to:

Shahar Solander, Registrar
Oneness Project
P.O. Box 1141
Hamilton, MT 59840

* We are unable to accept participation of unaccompanied minor children without this signed form.