

TO: SHY WOLF SANCTUARY EDUCATION & EXPERIENCE CENTER INC.



FROM:

(NAME OF PARENT/GUARDIAN)

DATE: _____

RE: _____
(CHILD'S NAME, Visitor / Guest)

To Whom It May Concern:

I am the parent of _____
(CHILD'S NAME) who is a visitor / guest at Shy Wolf Sanctuary, Naples, Florida on
_____/_____/_____(DATE OF VISIT).

I authorize _____ (NAME OF
ALTERNATE ADULT SUPERVISOR), to be the adult in charge of
_____ (CHILD'S NAME) and waive SHY WOLF
SANCTUARY, EDUCATION AND EXPERIENCE CENTER, IT'S BOARD AND
VOLUNTEERS from any and all liability associated with my child's visit.
_____ (ALTERNATE ADULT
SUPERVISOR) is the designated guardian for this day and visit.

Sincerely,

(PARENT'S PRINTED NAME AND SIGNATURE)

(PARENT'S CONTACT INFORMATION)

State of Florida, County of Collier The foregoing instrument was acknowledged before me this
____ day of _____ 20____, by _____ who is
personally known to me or who has produced _____ as
identification and did/did not take an oath. _____