



INDIANA GENERAL ASSEMBLY PAGE PROGRAM ALTERNATIVE ADULT RELEASE FORM



Indiana House of
Representatives

The Indiana General Assembly recognizes that sometimes parents or legal guardians might not be able to drop off their child on days they are Paging. We require parents or legal guardians to complete this form if someone other than them will be dropping off and/or picking up their child. Some examples of persons your child could be released to are, a grandparent, another Page who has a driver's license, a parent of another Page who is known to you, or an older sibling of the Page.

This form is also required to be filled out and submitted if your child is under 18 years of age and plans on going off the government center campus with an adult chaperone for lunch. Please note that Pages will not be permitted to go off the government center campus with another Page if they are both under the age of 18.

A valid form of ID must be presented to the Page Office Director at the time of check-in and dismissal.

I, _____ (name of parent or legal guardian, printed) hereby authorize, release, and/or otherwise consent for the Indiana General Assembly Page Program to permit _____ (name of adult, printed) to check-in and/or check-out my child, _____ (name of child, printed) from the Indiana General Assembly Page Program.

I hereby release, waive, and discharge the Indiana General Assembly, its administration, staff, employees, officers, directors, volunteers, insurers, agents, and representatives from any and all claims, causes of action, liability, or damages arising out of, or relating to, the transportation of my child.

In addition, I hereby agree to indemnify and hold harmless the Indiana General Assembly, its administration, staff, employees, officers, directors, volunteers, insurers, agents, and representatives by paying all costs and attorney's fees that they incur in investigating and defending any claim or suit relating to the transportation of my child.

Parent/Legal Guardian Name (Printed): _____

Signature of Parent/Legal Guardian: _____ Date: _____

