

CHILD RELEASE FORM

The Armed Forces Military Museum

I, _____, authorize
PRINT NAME OF PARENT/GUARDIAN HERE

the release of my child, _____ to
PRINT CHILD'S NAME HERE

_____. S/he has been
PRINT ADULT'S NAME HERE

informed that picture identification may be required, and that my child must be checked out with The Armed Forces Military Museum.

SIGNATURE OF PARENT/GUARDIAN

DATE