## PERMISSION FOR ONE COVERED ADULT TO TRANSPORT MINOR

Program Information ("Program")	Participant Information ("Participant")
Program Name: Date(s):	Participant Name:Address:
Location(s):	City, State, Zip Code:
	Date of Birth:
The University of Tennessee Space Institute' University unit states as follows:	s policy with respect to the programs for minors sponsored by a
Official, or the minor's parent or legal his/her own child without another Cov	specifically authorized in writing by the Safety Officer, Designated guardian, a Covered Adult shall not transport a minor who is not vered Adult being present, or transport a minor who is not his/her le, during the Covered Program or to/from the Covered Program.
I am the parent or legal guardian of Participant sign this document.	t, who is under eighteen (18) years of age. I am fully competent to
- · · · · · · · · · · · · · · · · · · ·	e, I hereby give permission for the University of Tennessee Space (1) Covered Adult being present during the Program.
Signature of Participant's Parent or Legal Guardian:	
Printed Name of Participant's Parent or Legal Guardian:	