

WARNER HAUNTS LLC

DEVILS DUNGEON HAUNTED HELL DEATH ROW

2016 PARENTAL CONSENT FORM

I, _____, do hereby give my child, _____,
(please print) (please print)

permission to work past 12am (midnight) on Fridays, Saturdays, and Sundays from
September 16 through October 31, 2016.

I, _____, also hereby give Warner Haunts, LLC management
(please print)

permission to randomly drug test my child, _____.
(please print)

Parent's Signature

Date

Home phone: _____

Cell phone: _____