

# Permission Slip



## **“IT’S A GOLDEN OPPORTUNITY TO PASS ON OUT KNOWLEDGE”**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

- You must be 18 or older to work our claims without parent or guardian
- The Mohave Prospectors Association bears no responsibility for injuries While on our claims.

Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_