

**Lake Mineral Wells State Park
Parental Consent**

Parent or Guardian: _____

Phone Number: _____

Alternate Phone Number: _____

Address: _____

Minor Climber: _____

Date of Climb: _____

To Whom It May Concern:

I am the parent or guardian of the above named minor. I give my permission for him/her to climb and rappel at Lake Mineral Wells State Park and Trailway on the date specified. If there is any problem or question, please call.

Parent or Guardian's Signature

Date