



WALK CONSENT FORM

I give permission for my child to participate in routine walks around the Miami University Hamilton campus for nature walks, going to the gym, going to the library, and other routine activities.

Child's name (please print): _____

Parent's Signature: _____

Date: _____

Please return completed form to:

Jacqueline Leader
Miami University Hamilton
100 Schwarm Hall
1601 University Boulevard
Hamilton, OH 45011