

1100 N. Peachtree Avenue Cookeville, TN 38505-0001 (931) 372-6383 • Fax (931) 372-6138

REDUCE OH CRASHES PARENTAL CONSENT FORM

If you are under eighteen (18) years of age, your parent or guardian must sign below:	
Name of Minor:	
I represent that I am a parent/guardian of the minor who has signed the above release and, in that capacity, hereby acknowledge, consent, and agree to the aforementioned to participate in the Reduce Ohio Crashes program.	
Parent/Guardian:	
Signature	Date
Print Name	