



Under 18 Membership Waiver

I am 18 years of Age or Older: [] Yes [] No (Check one)

To whom it may concern:

(child's name) _____ has my permission to become a member of ADF, and I am fully aware of the Neopagan nature of this organization.

Parent or Guardian's Legal Name: _____

Parent or Guardian's Signature: _____

Witness or Notary's Signature & Seal: