



Minor Release of Liability and Permission Slip - 2015

Destination:
Departure Location:
Departure Date/Time:

Return Date/Time:

Method of Travel: (Circle which one applies)

- (i) Public transit (ii) Commercial vehicle
(iii) Personal vehicle (iv) Travel in S/S staff/vol vehicle

I, _____, plan to attend the
(Participant name)
above event. I understand that while I'm at the event, I am representing Safe Streets Campaign. I agree to uphold the rules of Safe Streets Campaign. The consequences of breaking the rules are that I will be sent home immediately and may lose my Safe Streets Campaign's privileges. This does not mean I give up my rights in the event of unlawful acts.

Participant signature Date

I _____ give permission for _____
(Parent/guardian name) (Participant name)

to attend [insert event details here].....

I understand that Safe Streets Campaign's staff/ volunteers will be present and available for my child. I understand that my child travels to and from the event and participates in the event at our own risk, and agree to hold harmless all Safe Streets Campaign representatives in the event of accident, injury, illness or death. This does not mean we give up our rights in the event of unlawful acts.

I can be reached on Tel: (_____) _____ - _____ during the times of this trip in case of emergency. I understand that Safe Streets staff will make every attempt to reach me, but in the event that emergency treatment is necessary, I give Safe Streets staff the right to authorize necessary medical treatment on behalf of my child.

Signed _____ Date

Verified by: _____ Date: _____
Safe Streets Staff