Parental Consent & Permission Form

Permission

I am the parent or legal guardian of the child or children listed on this form (the "Child"). I give permission for the Child to take part in the program, class, event, trip or activity organized by (the "Activity"), on the dates and at the locations communicated to me by .

I have read the information provided about the Activity, including the schedule, location, cost and what the Child should bring. I have had the opportunity to ask questions, and I believe the Activity is suitable for the Child's age, ability and health.

Supervision and Pickup

I understand that will provide supervision appropriate to the Activity and the ages of participants. I agree that:

- I am responsible for the Child until they are signed in with staff, and again after they are signed out;
- the Child will only be released to me or to an authorized adult I have named, who may be asked for identification;
- I will notify in advance of any change in pickup arrangements; and
- if I am late for pickup, may charge a late fee and will attempt to contact me and my emergency contacts.

Transportation

If the Activity includes travel arranged by , I consent to the Child being transported by vehicles operated or arranged by , such as buses, vans or licensed transport providers. If the Child is permitted to leave alone, walk home or ride with another family, I will tell in writing.

Behavior

I have discussed appropriate behavior with the Child. I understand that the Child must follow the instructions of staff and the rules of and any venues visited. If the Child's behavior puts themselves or others at risk, or seriously disrupts the Activity, may contact me to collect the Child early, without a refund.

Health and Medical Care

I have provided accurate information about the Child's allergies, medications, medical conditions and any special needs. If the Child needs medication during the Activity, I have given written instructions and supplied it in its original container.

If the Child is injured or becomes ill, I authorize to give first aid and, if I cannot be reached, to obtain emergency medical treatment for the Child, including transport to a medical facility. I accept responsibility for the cost of any such treatment.

Risks and Release

I understand that the Activity, like any activity involving children, carries some risk of injury, such as falls, collisions, sprains, cuts, allergic reactions or illness, and that these risks cannot be

completely eliminated. I accept these risks on behalf of the Child and myself.

To the fullest extent permitted by law, I release , its staff and volunteers from claims for injury, illness or loss arising from the Child's participation, except claims caused by gross negligence or willful misconduct. I agree to indemnify against claims brought on the Child's behalf that I have released here, to the extent permitted by law.

Personal Belongings

 is not responsible for lost, stolen or damaged items. I will label the Child's belongings and keep valuables, such as phones and jewelry, at home unless needed.

Photos and Communication

Unless I tell otherwise, I consent to photographing the Child during the Activity and using the images in its newsletters, website and social media, without naming the Child. I agree that may contact me by email, phone or text about the Activity.

General

This consent applies for the duration of the Activity, or the current season or term if the Activity repeats. It is governed by the laws of the state or country in which operates. If any part is unenforceable, the remainder stays in effect.

Please initial each statement

___ I am the parent or legal guardian of each child listed and have authority to give this consent.

___ I give permission for my child to take part in the Activity and understand the risks involved.

___ I have provided accurate medical and allergy information and authorize emergency care if I cannot be reached.

___ I will arrange authorized pickup and inform {{business}} of any changes in advance.

Participant full name

Date

Phone

Email

Emergency contact name & phone

Name(s) of minor participant(s)

Parent / guardian name

Signature