

2011 Permission Slip and Release of Liability

Smallwood Civic Association, P.O. Box 151, Smallwood New York 12778

To be completed by Parent or Legal Guardian:

Child's Name _____ and Age _____

Child's Name _____ and Age _____

Child's Name _____ and Age _____

Child's Name _____ and Age _____

Child's Name _____ and Age _____

Child's Name _____ and Age _____

I grant permission for my above named child to participate in Smallwood Civic Association group activities **under my own supervision** at all times. I will remain with my child during the entire event.

I understand Smallwood Civic Association events are organized and led by member volunteers who are NOT certified child care providers.

I expect and hold myself to be responsible for me and my child's actions. I have spoken to my child about the child acting in a respectful manner towards others, considering the health and safety of others and itself, using property and equipment in appropriate ways, and to be a cooperative member of the group.

I have made adequate preparations to safeguard my child concerning allergies and/or any needed medications. In case of emergency, I understand that a best effort will be made to assist me with seeking emergency treatment for my child. I am fully aware that due to the rural setting of the venue, immediate professional medical treatment may be limited.

The Smallwood Civic Association reserves the right to remove anyone causing an excessive disturbance or dangerous situation from its property.

Signed by Parent or Legal Guardian: _____

Print Name: _____

Permanent Home Address: _____

Cell/Local Telephone #: _____

If Parent or Legal Guardian unable to attend, appointed Representative minimum 21 years of age.

Print Name: _____

Signature: _____