



PERMISSION SLIP

Name: _____

Destination: _____

Date: _____

Time: _____

Transportation: 15-passenger Van Bring: _____

Additional Comments: _____

(Keep this top part!)

Destination: _____

Date: _____

Time: _____

Name: _____

Phone Number: _____

Additional Emergency Phone Number: _____

Address: _____

INSURANCE

It is the responsibility of every individual, their parent or legal guardian to provide for their own accident insurance and health coverage while participating in all Issaquah Parks & Recreation activities.

AUTHORIZATION

I give permission of my child to participate in the activity as described above, and to be transported as authorized by the City of Issaquah.

As a parent or legal guardian, I authorize a licensed physician to examine the named participant and in the event of injury to render such emergency care as he or she deems necessary for the treatment of such injury, including consultation and treatment by a specialist, including a surgeon. As parent or legal guardian, I authorize the City of Issaquah to send the named student to the hospital or doctor specified or the most accessible.

Parent or Legal Guardian Signature: _____

WAIVER OF LIABILITY

The undersigned wishes their child(ren) to participate in the activity as described above during the times as described above and acknowledges that he/she understand the risks of injury. In consideration of being able to participate, the undersigned, on their behalf and his/her personal representatives and heirs, hereby assumes all risks associated with participating in this activity. Further, the undersigned, on their behalf and his/her personal representatives and heirs release the City of Issaquah, and when appropriate, contractors and instructors, as well as their officers, directors, employees, agents, and representatives of each such person or entity, from any claims or liabilities of any kind arising from participation of the undersigned. This undersigned expressly agrees that the foregoing Release and Waiver of Liability is intended to be as broad and inclusive as permitted by the law of the jurisdiction in which the activity is conducted. Therefore, the undersigned agrees that if any provision of the Release and Waiver of Liability and the application of its provisions to other reasonable circumstances or extent will not be affected and will continue in full force. I have read and understand the above:

Parent or Legal Guardian Signature: _____

Date: _____