

After School Program Permission Slip

I grant permission to my son/daughter _____ to participate in the YMCA Field Trip to the nearby parks.

I am aware my child will be walking to these locations and agree that the necessary precaution and preparations have been taken. I agree with the plans made for the care and supervision of participants during the trip.

In case of medical emergency, I give permission to the physician selected by the YMCA to secure all necessary care and treatment for the above-named participant. I understand that every effort will be made to contact me before any medical treatment or care is given.

I agree that the YMCA shall not be responsible for any damage, injury or loss resulting from any cause, including but not limited to an expense or inconvenience occasioned by delayed or canceled transportation services, changes in schedules, strikes or other conditions beyond the YMCA's control.

I agree that the YMCA is not liable for loss, damage, or theft or luggage and/or personal belongings, or personal injury, accidents and/or illness. I agree to have in effect adequate insurance to cover these eventualities. I agree to indemnify and reimburse that YMCA for any medical, dental, or other expenses incurred by my child or arising from my child's actions, or any liability arising out of my child's actions.

I agree that the YMCA and its employees shall have no liability whether in contract or in tort or otherwise arising out of my child's participation in the trip, and I agree to indemnify, protect and hold harmless the YMCA for any claims or liability whatsoever, including, but not limited to, personal injury arising out of or related in any way to my child's participation.

By signing this permission form, I agree with these trips and to all the information above.

Parent/Guardian Signature: _____ Date: _____