

Parent/Legal Guardian Permission Slip

Participant Information

Full Name: _____ Social Security #: _____

Age: _____ Grade/School: _____ Phone Number: _____

Street Address: _____

City/State/Zip: _____

Parental Authorization

Dear Parent or Legal Guardian:

Your son/daughter/individual under your guardianship would like to participate in the Children's Shopping Tour on December 8th, 2018 at the Northridge Mall in Salinas California.

If you desire your son/daughter/individual under your guardianship to participate in the Children's Shopping Tour, **please complete, sign, and return the following statement of consent and release of liability by December 8th, 2018.** This form must be turned in by the participant before he/she will be able to participate.

I hereby consent to participation by _____, my son/daughter/individual under my guardianship, in the Children's Shopping Tour. I fully understand that this event will take place away from school ground and that my child will be under the supervision of the staff and/or volunteers on the stated date. I understand that such an undertaking involves an element of risk. I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Salinas Area Chamber of Commerce, and their members, officers, directors, volunteers, and agents from any and all claims, damages, and liability that may arise out of or flow from participation in this activity. I also give my consent for emergency medical treatment if necessary. I do request that, if possible, I be contacted prior to treatment. As parent/legal guardian, I remain fully responsible for any legal obligations or duties, which may result from any personal acts taken by the named participant.

I consent further to the conditions above.

Parent/Guardian name(s) (please print): _____

Parent's/Guardian's Signature: _____ Date: _____

Telephone Number: _____

Alternate Emergency Contact: _____

Telephone Number: _____

Allergies or Medical Concerns: _____

Medical Insurance Company: _____ Policy #: _____

Doctor's Name: _____ Doctor's Phone: _____