

Thrive Workshop Permission Slip
Tuesday, June 29, 2010
Epoch Arts

Child's Name _____

Age and grade (Fall) _____

CONTACT INFORMATION:	
HOME ADDRESS: _____ _____	Home Phone #: _____ E-mail Address: _____
MOTHER'S NAME: _____ Day/Cell Phone #: _____	Mother's Employer: _____ _____
FATHER'S NAME: _____ Day/Cell Phone #: _____	Father's Employer: _____ _____
ALTERNATE CONTACTS:	
Name/Relationship*: _____ _____	Address: _____ Day/Cell Phone #: _____
Name/Relationship*: _____ _____	Address: _____ Day/Cell Phone #: _____
Family Physician: _____	Office Phone #: _____

*(must be able to pick up participant if necessary)

Release:

I understand that participation in this (these) program(s) involves risks of personal and bodily injury, including but not limited to paralysis, heart attack and death, as well as loss or damage to property. I realize that activities such as this may be inherently dangerous activities and my decision to participate in all such activities is made in full recognition of these risks and is entirely voluntary. In consideration of your acceptance of this application, I agree for myself, my heirs, successors, and assigns to hold harmless the Town of East Hampton, Connecticut, its affiliates, subsidiaries and any other entity associated with this (these) program(s), and each of their directors, officers, agents, representatives, employees, volunteers, successors and assigns from all liability on account of injury, loss claim, or damage to my body, health, wellbeing or property. I further authorize the personnel to act for me according to their best judgment in any emergency requiring medical attention. I understand that I am responsible for all financial liabilities arising from a situation involving medical treatment. I agree that the terms of this release is applicable to any and all of my dependents who take part in this (these) program(s).

Parent/Guardian:

(signature)

(date)