

**Permission Slip
Parks, Recreation and Tourism**

NAME _____ DATE OF BIRTH _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

EMERGENCY CONTACT _____ PHONE _____
(Other than parent)

PHYSICIAN _____ PHONE _____

PARTICIPATION RELEASE I give my permission for my child/ward _____ to participate in recreational activities as planned and conducted by the Rock Hill Parks, Recreation and Tourism Department.

Parent/Guardian Signature _____ Date _____
(Required)

CONSENT TO TREATMENT If my child/ward should require medical treatment and/or medication during the course of his attendance at, or participation in, these recreational activities, I give my permission to the Rock Hill Parks, Recreation and Tourism Dept. or medical staff which they may appoint to carry out the necessary treatment and to take my child/ward to the emergency room of the nearest hospital, if necessary, for the administration of treatment.

Parent/Guardian Signature _____ Date _____
(Required)

PHOTO RELEASE I am aware that on occasion, a photographer may want to take pictures of participants in these programs. It is understood that these pictures will always be taken under the supervision of the instructor and that great care will be exercised to assure that the individual or organization will not be embarrassed by their use.

Parent/Guardian Signature _____ Date _____
(No signature means that pictures **will not** be published)

TRAVEL RELEASE My child/ward _____ has my permission to be transported to and from programs held by the Rock Hill Parks, Recreation and Tourism Department.

Parent/Guardian Signature _____ Date _____
(Required)

GENERAL RELEASE My signature below certifies that my child/ward has my permission to participate in the _____ program. Although the city staff will be well-qualified and thoroughly trained to meet with any type of emergency situation that may arise, should any unforeseen emergency situation occur, I will not hold the Rock Hill Parks, Recreation and Tourism Department, its agents or employees, or the City of Rock Hill responsible for any injury, illness or damage to person or property during the course of the recreational activities. In case of injury to my child, I hereby waive all claims against the organizers, sponsors, City or any of the supervisors appointed by them. I likewise waive, to the extent not covered by liability insurance, any claim against any person transporting my child/ward to or from the activities. I am a parent or guardian of the above specified child/ward. I have read and fully understand the above releases. I also agree that I and my child/ward will be bound by these agreements.

Parent/Guardian Signature _____ Date _____
(Required)