

**Longview Safety City**  
ACTIVITY PERMISSION SLIP FOR LONGVIEW SAFETY CITY

I, \_\_\_\_\_, voluntarily agree to allow my child, \_\_\_\_\_  
\_\_\_\_\_, to participate in the following activity and hereby relieve  
the Longview Safety City of any and all liability associated with the activity.

**ACTIVITY-- LONGVIEW SAFETY CITY**

**DATE AND DURATION OF TRIP/ACTIVITY** \_\_\_\_\_

**DESTINATION** \_\_\_\_\_

**MODE OF TRANSPORTATION** \_\_\_\_\_

**RESPONSIBLE PERSON(S)** \_\_\_\_\_

Students must return to the same location by use of the same mode of transportation by which they began the trip.

Participation in the above activity is not required and is purely voluntary on the part of each student and his or her guardian. Reasonable precautions will be taken in the interest of safety. It is understood and agreed that Longview Safety City neither their volunteers, or employees nor any sponsor of this trip or activity will be held liable for any accident, injury, illness, or damage that might occur to any student or person while on such trip or while participating in such activity. The undersigned student and his or her parent or guardian does hereby expressly release Longview Safety City, their employees, their agents, and all sponsors of such trip or activity from any and all liability of every kind, nature, or description for any accident, injury, illness, or damage which may be sustained by such student or person while on such trip or while participating in such activity.

The undersigned parent or guardian shall be solely responsible for obtaining any insurance coverage desired. Please indicate if your child has any illness, special medication, or allergic reaction to medication.

I GIVE THE ADMINISTRATORS OF THE SCHOOL PERMISSION AND AUTHORITY TO MAKE PROVISIONS FOR MEDICAL TREATMENT FOR MY CHILD IF THEY DEEM IT NECESSARY.

**Family Physician:** \_\_\_\_\_ **Insurance Company:** \_\_\_\_\_

**Special Medical Problems/Allergies:** \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Date**