



City of Clearwater Parks & Recreation Department
Recreation Programming Division
"ACTIVITY/FIELD TRIP PERMISSION FORM"

(Facility)

I, We, Hereby grant permission for _____ to participate in
(participant's name)

various field trips with City of Clearwater Camps on various days between, June 8, 2009 and August 21, 2009, during camp hours and to make incidental stops in route and return when determined to be necessary or desirable. **By its nature, participation in recreational activities can include a risk of injury. In consideration of the benefits and opportunities afforded my child or me by participation in the activity, I state as follows:**

If I or my dependent(s) should suffer an injury or illness as a participant, I authorize City representatives to use their discretion to have me or my dependent(s) transported to a medical facility for treatment and I take full responsibility for this action and agree to pay any expense incurred for this treatment. I further agree to indemnify and save and hold harmless the City of Clearwater, it's employees or agents for any personal injury my dependent(s) or I might incur during participation in recreation activities.

CHILD'S DATE OF BIRTH: _____ AGE: _____

PARENT/GUARDIAN'S NAME: _____

PHONE NUMBERS (H): _____ (W): _____ (C): _____

ADDITIONAL INFORMATION:

Signature of Parent/Guardian

Date