



DeKalb County

Park and Recreation Department
Volunteer Program

Date _____

Group Name _____

Department: _____

Parental Permission Slip

I grant my child permission to be a volunteer participant with the **DeKalb County Recreation, Parks and Cultural Affairs** and **Park Pride** and understand that he/she will not be paid for participation nor will he/she be covered by worker's compensation insurance, as are employees of the County and Park Pride. I release and hold harmless DeKalb County and Park Pride, its agents and employees, from all liability of any kind whatsoever which may arise out of my child's participation and waive all rights that my child or I may have against DeKalb County and Park Pride, its agents and employees.

I will not make any claim nor bring any legal action of any kind and will not assist any other person or entity in making a claim or bring any legal action against DeKalb County or Park Pride for any matter that might arise out of my child's participation in this volunteer program.

Authorization for Treatment

In the event that neither I nor the emergency contact that I designate can be reached in an emergency, I hereby give my permission to the medical persons selected by **DeKalb County Recreation, Parks and Cultural Affairs** or **Park Pride** to secure and administer all necessary treatment, including hospitalization, ordering x-rays and routine tests, release of any records necessary for insurance purposes and any necessary related transportation for my child.

Child's name: _____

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

Address: _____

Phone #: _____

Emergency Contact/Relationship: _____

Address: _____

Phone #: _____

Please be aware of the following medical conditions:

Parent's Signature /Guardian

Date