PARK PRIDE
Community Powered Parks

Volunteer Program

Date: **Group Name:**

Parental Permission Slip

I grant my child permission to be a volunteer participant with PARK PRIDE and the CITY OF ATLANTA 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 Park Pride and the City of Atlanta. I release and hold harmless Park Pride and the City of Atlanta, 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 Park Pride or the City of Atlanta, 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 Park Pride or the City of Atlanta 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 Park Pride or the City of Atlanta 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:

Phone #:

Emergency Contact/Relationship:

Phone #:

Please be aware of the following medical conditions:

Parent's Signature / Guardian Date