



YOUTH COUNCIL FIELD TRIP PERMISSION SLIP

Dear Parent or Legal Guardian:

Your son/daughter, guardianship, is eligible to participate in a West Bountiful City-sponsored activity that requires transportation to a location away from the City Offices. This activity will take place under the guidance and supervision of appointed officials/volunteers from West Bountiful City. A brief description of the activity follows:

Group: West Bountiful Youth City Council

Destination: Get Air, 1188 Sportsplex Dr., Kaysville, UT 84037 (801) 499-5247

Activity Goal: Youth City Council Team Building

Supervisor/Chaperones: Paul Maloy (801) 792-6260, Adam Buck (801) 860-3872

Date: February 7, 2020 at 5:00 pm

Method of transportation:
Private vehicles – leaving City Hall at **5 pm:**
Paul Maloy – 801-792-6260
Adam Buck – 801-860-3872
Robert Echeverria – 801-678-3967

Cost: There is no cost for this event

DEADLINE: Return form to City Hall in person or
by email to Recorder@wbcity.org
no later than **4:45 pm** on **Friday, February 7, 2020**

**WITHOUT A SIGNED PERMISSION SLIP,
YOUR CHILD WILL NOT BE ABLE TO ATTEND**

RELEASE/CONSENTS

If you would like your child/guardianship to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal or financial responsibility that may result from any personal actions taken by the named child/guardianship.

I HEREBY CONSENT FOR MY CHILD _____ (FULL NAME) TO PARTICIPATE IN THE FOLLOWING EVENT. I UNDERSTAND THAT MY CHILD/GUARDIANSHIP WILL BE UNDER THE SUPERVISION OF THE DESIGNATED SUPERVISORS.

_____ **Friday evening – Get Air Trampoline Park – 1188 W Sportsplex Dr, Kaysville, UT**

I HEREBY WAIVE AND RELEASE ANY CLAIM AGAINST THE CITY AUTHORITIES FOR ANY INJURIES SUFFERED BY MY CHILD/GUARDIANSHIP DURING SUCH TRIP WHETHER CAUSED BY THE NEGLIGENCE OF THE DESIGNATED SUPERVISOR OR OTHERWISE. IN THE EVENT OF AN INJURY SUFFERED DURING THE TRANSPORTATION TO AND FROM THE SITE, I AGREE TO LOOK SOLELY TO THE INSURANCE CARRIER PROVIDING INSURANCE ON THE TRANSPORTING VEHICLE FOR COMPENSATION.

Signature of Parent/Guardian _____ Date: _____

Emergency Contact Phone Number(s): _____

Address: _____

Medical Information:

My child, _____, has the following medical problems that you need to be aware of during the activity: _____.

He/she will be on the following medication during the activity: _____

Medical Emergency Release:

IN CASE OF MEDICAL EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT THE PARENTS OR GUARDIAN OF THE PARTICIPANT. IN THE EVENT I CANNOT BE REACHED, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE DESIGNATED SUPERVISOR TO HOSPITALIZE, SECURE TREATMENT FOR, AND TO ORDER INJECTION, ANESTHESIA OR SURGERY FOR MY CHILD.

Parent/Legal Guardian

Phone

Date