



PERMISSION SLIP FOR AGENCY OUTINGS
AND RELEASE OF LIABILITY

Child's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

In Case of Emergency, Please Notify

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

I hereby give my permission for _____
(Child's Name)

to participate in all SMYL agency sponsored activities.

As the natural and legal guardian of the above named child, I hereby certify to the best of my knowledge the said person is free from contagious disease, and is fit to participate in all agency activities. I hereby hold Seneca Mentoring Youth Links, the SMYL Mentors, SMYL Volunteers, SMYL staff participations organization FREE OF ALL LIABILITY resulting from participation in the activities organized by this agency. I understand that this permission may be revoked at any time in writing signed by me and received at the office of SMYL, and that unless revoked this permission and release will be relied upon by the SMYL staff, volunteers, and participation organizations.

Date

Signature of Parent/Guardian