

**STUDENT PERMISSION FORM FOR MLK DAY OF SERVICE**

**DATE OF TRIP:** January 15, 2018

**DESTINATION:** Saddle Brook VFW Hall, 44 Market Street

**TIME COMMITMENT:** 12:30 PM until 3:30 PM

**MEAL ARRANGEMENTS:** There will be pizza provided at the beginning of the program and snacks provided at the end of program. Chips, fruit, water etc.

**MODE OF TRANSPORTATION:** Carpool

**Dress Code** – School attire.

Student’s Name \_\_\_\_\_

Release of Liability

I hereby grant my permission for the above named student to participate in the MLK Day Of Service and its affiliated activities, including permission for photography and video taping for submission to media and promotional purposes.

I understand this program is an educational experience with hands-on activities, teamwork, and building bridges of understanding through acts of service and dialogue. I further understand that I may ask any and all questions prior to signing this consent form and will inform chaperones of any allergies/limitations of the above-mentioned individual.

I, therefore, agree to assume any and all risk for above-mentioned individual to be involved in program and other activities related directly or indirectly to it.

In case of emergency, I authorize accompanying chaperones to obtain medical aid for the above named student, if they deem necessary.

\_\_\_\_\_DATE \_\_\_\_\_

Parent/Guardian Signature Date (Signature is required. Unsigned applications will not be accepted)

**HOLD HARMLESS AGREEMENT**

PLEASE NOTE: THIS STATEMENT FOLLOWING IS LEGAL AND BINDING. DO NOT LATER MODIFY IN ANY WAY In the event of an accident, illness or injury, and the persons on the Student Permission Form cannot be reached; I hereby give We The People personnel permission to take action as deemed necessary in the best interest of my child. Furthermore, I take full responsibility for any damage that might occur to Saddle Brook VFW property caused by my child. I understand this program is designed for “hands-on” activities, teamwork, and self-confidence. I agree not to hold sponsoring agencies, and/or its staff or representatives liable in any way for mishaps that could occur due to the nature of the activity in which my child is engaged.

Parent/ Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Signature is required..