



P.O. Box 54304, Washington, DC 20032

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PARENT PERMISSION SLIP AND LIABILITY WAIVER FORM

PARTICIPANT'S NAME: _____

DATE OF BIRTH: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NO. _____

EMERGENCY NO. _____

SCHOOL STUDENT ATTENDS _____

STUDENT'S MEDICAL PROBLEMS/ALLERGIES: _____

AUTHORIZATION: I, _____, hereby authorize Raising Expectations Inc. (R.E.) staff members to transport my child to the site location for arts programs, exhibits, and workshops in the DC/MD/VA area. I further authorize the staff members of R.E. to act within their best judgment in any emergency in which my child may be involved. I authorize the R.E. staff to seek whatever medical attention deemed appropriate and is in the best interest of my child.

I also hereby waive and release Raising Expectations Inc. and/or R.E. officers, heirs, and any other member associated with Raising Expectations Inc. from any and all liability (injuries, illnesses or death) which might occur while on any or involved in any of the trips, programs or activities organized through Raising Expectations Inc. I authorize Raising Expectations Inc. to use any photographs or articles about my child for publicity purposes.

PARENT OR GUARDIAN'S NAME _____
(Print) (Relation to Student)

(Signature)

(Date)