





P.O. Box 54304, Washington, DC 20032

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## PARENT PERMISSION SLIP AND LIABILITY WAIVER FORM

PARTICIPANT'S NAME(s): \_\_\_\_\_

\_\_\_\_\_

TITLE OF ACTIVITY: \_\_\_\_\_ DATE(S) OF ACTIVITY: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME NUMBER: (\_\_\_\_) \_\_\_\_\_

EMERGENCY NUMBER: (\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_

ANY STUDENT'S MEDICAL PROBLEMS/ALLERGIES: \_\_\_\_\_

**AUTHORIZATION:** I, \_\_\_\_\_, hereby authorize Raising Expectations Inc. (R.E.) staff members and arts educators to transport my child(ren) to the site location for arts programs, exhibits, and workshops in the DC/MD/VA area. I understand that the staff members of R.E. will act within their best judgment in case of any emergency involving my child(ren) and authorize R.E. staff and arts educators to seek whatever medical attention deemed appropriate and is in the best interest of my child(ren).

*By signing this permission and liability waiver, I allow my child(ren) to participate in the above activities and hereby waive and release Raising Expectations Inc. and/or R.E. officers, heirs, and any other member(s) 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 also authorize Raising Expectations Inc. to use any photographs or articles about my child(ren) for publicity purposes.*

**PARENT OR GUARDIAN'S NAME** \_\_\_\_\_

(Print)

(Relation to Child)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)