

Northern Will County Special Recreation Association
Independent Arrival or Departure from Programs

I grant permission for _____ to arrive/depart independently (ie walk or drive to or from home) before or after Northern Will County SRA programs. I accept full responsibility for my child's/ward's well being in doing so.

I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of their independent arrival/departure to/from a program provided by Northern Will County SRA, including its officials, agents, volunteers and employees [hereinafter collectively referred as *Northern Will County SRA*].

I do hereby fully release and forever discharge *Northern Will County SRA* from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward arising out of, connected with, or in any way associated with this activity.

I also understand that it is my responsibility to inform the agency if there are any changes.

Participant's Name: _____ Age: _____

Address: _____

Parent's/Guardian's Name(s) _____

Daytime Phone: _____

Other Phone: _____

1) Program Name(s) & Number(s):

-- OR --

2) For the following period of time (one year maximum):

From _____ to _____

Signature of Parent or Guardian

Date