



**Building Positive Character
And A Passion For The Outdoors
In Students & Families**

Permission Slip

Freewater Experience

15996 Winans St. Grand Haven MI, 49417

616-402-0564

I give my permission for my son or daughter:

(students name) _____

to Participate in the:

_____ (activity) on _____ (date)

with Freewater Experience.

I empower the staff and leadership of Freewater Experience as legal guardian of my child for the duration of this event. Should a medical emergency arise, the leaders or supervisors of the event have my permission to obtain any necessary medical care for my son/daughter. I agree to defend and indemnify Freewater Experience, it's employees, and volunteers against any claims or action that might arise on behalf of myself or my son or daughter other than for the willful, wanton, or reckless misconduct of Freewater Experience, it's employees, or volunteers.

(parent or legal guardian) (Phone) (Date)

Address: _____
(street) (city) (zip)

Insurance Co. _____ Group Number: _____

Allergies: _____

PHOTO RELEASE: I understand that Freewater Experience uses pictures from these trips to promotion on their website and social media. They have my permission to use any pictures taken of my child during this event.

Parent signature _____ Date: _____
