



PROJECT OUTREACH
(Community Service Program)

Ridgefield Parks & Recreation, 195 Danbury Road, Ridgefield, CT 06877

Dear Parent or Guardian,

The Project Outreach, a Ridgefield Parks & Recreation teen program, will be going on a variety of Field Trips as listed below. We are asking that you initial on the space next to each trip listed to signify giving your permission for your child to attend each specific trip. In addition, separate permission is needed, for both medical treatment (if necessary) and for a Waiver of Liability.

Permission for CHILD and Waiver of Liability:

I hereby give permission for my child _____ (CHILD NAME) to participate on the trips as listed and specifically initialed below. I understand that the trips offered by the Parks and Recreation teen program may involve a certain degree of risk that could result in injury or death. In consideration of the benefits of the trip to be derived and the participation on the trip is voluntary, I hereby Hold Harmless and release the Town of Ridgefield, its officers and its employees from any claims, demands, or causes of action arising from my child's participating in the field trip. I understand that my child is responsible for acting and dressing in an appropriate manor at all times and that the rules of the Parks and Recreation Department will be in effect for the duration of the trip.

Parent or Guardian Signature: _____ Date: _____

Print Parent/Guardian Name: _____

Emergency Contact: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Parent's Medical Authorization:

In the event that I cannot be reached in emergency, I hereby give permission to the Park and Recreation Department employees accompanying my child to authorize emergency medical treatment for my child without delay. I hereby give permission to the attending physician at the hospital to admit and secure proper treatment, which in his/her discretion is deemed responsible and appropriate, including injections, Anesthesia and surgery, for my child. I assume full financial responsibility for services rendered under such emergency that is not otherwise covered by my child's medical coverage.

Parent or Guardian Signature: _____ Date: _____

Print Parent/Guardian Name: _____

Please initial next to each trip you are giving permission for your child to attend:

(SESSION 1)

- _____ **June 22, 2021: Martin Park Beach, Ridgefield, CT**
- _____ **June 25, 2021: Dorothy Day and/or Hancock Hall, Danbury, CT**
- _____ **June 29, 2021: Martin Park Beach, Ridgefield, CT**

We ask that everyone attending field trips dress appropriately for the weather and to remember that all rules are in effect for the duration of the trip. No teen may attend without a signed permission slip. If you have any questions or concerns, please feel free to speak with your Teen Facilitator. If someone needs to be contacted while we are on our trip please call the Recreation Center at (203) 431-2755 and ask for Andrea Maiorano. We look forward to a great session!

Sincerely,
Project Outreach Staff