LABBB
Collaborative Programs
Since 1974

LABBB Permission Form

Student Name:_____I give my son/daughter permission to, please circle:

Transported in a LABBB Vehicle:	**Yes**	**No**
Skating:	**Yes**	**No**
Swimming:	**Yes**	**No**
Use of diving boards:	**Yes**	**No**
Use of Water Slides:	**Yes**	**No**
Have Photos Taken:	**Yes**	**No**
LABBB ID	**Yes**	**No**
LABBB Yearbook	**Yes**	**No**
LABBB Website/Classroom Blogs	**Yes**	**No**
Special Events/Trips	**Yes**	**No**

We, the undersigned parent(s) or guardian(s) of _____, a minor, do hereby consent to his/her participation in the voluntary programs and do forever release, acquit, discharge, and covenant to hold harmless the LABBB Collaborative and its successors, departments, officers, employees, servants, and agents of, and from any and all actions, causes of action claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all know and unknown personal injuries or property damage which we/I may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting or to result from his/her participation in the LABBB programs. Furthermore we/I hereby agree to protect the LABBB Collaborative and its successors, departments, officers, employees, servants, and agents, against any claim for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in the LABBB Collaborative voluntary programs and to indemnify, reimburse or make good to the LABBB Collaborative or its successors, departments, officers, employees, servants and agents any loss or damage or costs, including attorney's fees, the Collaborative or its representatives may have to pay if any litigation arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in programs.

I/We hereby authorize LABBB's employee(s) or agent(s) who is supervising said minor to act on our behalf in authorizing and consenting to emergency medical care for said minor if he/she becomes ill or is injured while participating in the programs at my expense. This Authorization and Consent may be presented to the appropriate emergency medical staff at such time as emergency medical care is required. I/We hereby release and discharge LABBB from any and all claims of any nature whatsoever, which may arise out of the decision to provide emergency medical care.

I acknowledge that I am authorized and empowered to sign this agreement, that I have read and understand the LABBB skating Policy and Procedures and been completely advised of the potential danger incidental to engaging in skating activities and am fully aware of the legal consequences of signing this form

_____

Parent/Guardian Signature Date