*Youth Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_*

**RELEASE OF LIABILITY**

I give my consent for my child to participate in programs offered by Neighborhood Centers of Johnson County at my child’s school. This may include off-site field trips, area walks, and playground play. I release Neighborhood Centers of any liability (including while transporting) unless negligence is proven.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Parent/Guardian Date

## TRANSPORTATION

The **NCJC – BASP/21st Century** program ends at 5:45 daily. Please initial below how you would like your child to go home each afternoon.

\_\_\_\_\_ I, or someone else I designate, will pick up my child by 5:45 each day. The following people have permission to pick-up my child:

|  |  |  |
| --- | --- | --- |
| Name | Relationship | `Phone |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\_\_\_\_\_ My child has permission to walk home at **5:00**. I understand that program staff will not be walking my child home.

\_\_\_\_\_ If busing is an option, I would like my child to take an ICCSD School Bus home at **5:30**. I understand that program staff will NOT be riding the bus with my child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Parent/Guardian Date

## PHOTOGRAPHY RELEASE

I give my consent to Neighborhood Centers of Johnson County to take photographs/videos of my child and to use the photographs/videos of my child in promoting the purpose of the center or the program. I understand that no financial benefits from the use of the photographs/videos are obligated to be paid to me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Parent/Guardian Date