

# Parental Permission Form

**EVENT NAME:** Field trip to Oregon State Capitol in Salem

**DATE OF EVENT:** Thursday, June 29<sup>th</sup>, 10:00 a.m. to about 4:00 p.m.

**LOCATION:** meet at the library, travel by Willamalane bus to:  
Oregon State Capitol, 900 Court St NE, Salem, OR

I, \_\_\_\_\_, the  
parent/guardian of \_\_\_\_\_ (“my child”),  
give permission for my child to attend the above named event.

I hereby release the City of Springfield and the Springfield Public Library, its employees, agents and volunteers, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in or traveling to and from this event.

I give permission for my child to ride in any vehicle designated by the City of Springfield, its employees and adult volunteers, while participating in and traveling to and from this event.

I understand that personal injury can and may occur to my child, and I hereby authorize LuCinda Gustavson, or another appointed youth advisor, to seek and consent to emergency medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the property of Springfield, properties visited on outing, other’s personal property, or vehicles used for transportation.

I agree and consent to all of the above stated.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Primary Emergency Contact Name and Phone Number for the Day of the Trip)

\_\_\_\_\_  
(Backup Emergency Contact Name and Phone Number for the Day of the Trip)