



HUG DON'T SHOOT ORGANIZATION

**Hug Don't Shoot is an organization focused on providing a sense of peace throughout the communities one HUG at a time.
Permission and Release of Liability Form**

Dear Parent or Guardian,

Hug Don't Shoot has partnered with Thomas Jefferson/Middle School and requests your permission for your child to participate in a Peace Rally.

Field Trip Information:

Date: ___ September 30, 2017 _____

Place: _____

Purpose: ___ Peace Rally and Skate Party _____

Route: _____

Leave school: _____ Arrive back at school: _____

Allergies or Recommendations? _____

Save this part of the form for future reference.

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_____ has permission to attend a field trip to

_____ on _____ from

_____ to _____.

I give my permission for _____ to receive emergency medical treatment, if needed. In an emergency, please contact:

Name: _____ Phone: _____

Disclaimer: I understand that although the students will be supervised by Thomas Jefferson/Middle School staff and Hug Don't Shoot volunteers, I do assume the risk in my child's/student's participation in the event.

I acknowledge that I will not hold the School District or Hug Don't Shoot liable in the event of any accident, injury, loss of property or any other circumstance or incident occurs during or as a result of my son's/daughter's participation in the field trip. This release of liability includes accident, injury, loss or damages to the student, as well as, to other individuals or property which may result from the student's participation in the event. I hereby release and agree to hold harmless the School District and Hug Don't Shoot, its officials, agents and employees, from any claims arising out of my son's/daughter's participation in the event(s).

I have read, understand and accept the above statements and accept full responsibility as described.

Parent/Guardian Printed Name _____

Signature: _____ Date: _____