



## ACTIVITY AND DRIVING PERMISSION SLIP

Date: \_\_\_\_\_

Dear S/PA Parent or Guardian,

If you would like your son or daughter to accompany his or her Student /Partner Alliance (“S/PA”) Partner or Mentor in connection with S/PA sponsored events or other shared activities (each, an “Activity”), we kindly request your permission.

By signing below, you grant your permission for your son or daughter to accompany \_\_\_\_\_ to participate in any Activity and be driven by such person in connection with any such Activity. You also acknowledge that neither S/PA nor any S/PA Partner or Mentor is required to provide transportation to and from Activities for your child and that your release below is consideration for any such transportation.

I/We hereby release and hold harmless Student/Partner Alliance and any and all of its employees and volunteers, including my child’s Partner and/or Mentor, from any and all liability for any injury or other harm arising to my child as a result of participation in any Activity, including transportation to and/or from any Activity.

My Child’s Name (please print) \_\_\_\_\_

My Name (Guardian) (please print) \_\_\_\_\_

Signature

\_\_\_\_\_

Date \_\_\_\_\_