



EVENT PERMISSION

(NAME OF EVENT)

Dear S/PA Parent or Guardian,

We are having a Student/Partner Alliance (S/PA) event for students, which also will include some parents, mentors, teachers and/or school officials. Your written permission is necessary for your child to participate in this activity. A phone call cannot substitute for this written form. **Please call/email your child's partner or mentor to see if he or she is able to attend.**

Date of Event:

Place:

Please sign this form and have your child **return it to the S/PA Coordinator at his/her school**, OR send directly to our office at: 561 Springfield Avenue, Summit NJ 07901.

I/We the parent(s) or guardian(s) of: _____ (STUDENT NAME)
permit my child to participate in the above named S/PA event.

I/We hereby release and hold harmless _____ (SCHOOL NAME) Student /Partner Alliance (S/PA) and any and all of its employees, partners, mentors and volunteers from any and all liability for any injury or harm that may result to my child as a result of this event, including in connection with transportation to or from the event.

Printed Name _____

Signature _____

Date (MM/DD/YY)_ _____ Phone # _____

Email address: _____

If your child has a **medical reason** that prevents his or her participation in this event, then he or she is excused; but please explain below: