

LABBB Permission Form

Student Name:			I give my son/daughter permission to,
please circle:			
Transported in a LABBB Vehicle:	Yes	No	
Skating:	Yes	No	
Swimming:	Yes	No	
Use of diving boards:	Yes	No	
Use of Water Slides:	Yes	No	
Have Photos Taken:	Yes	No	
LABBB ID	Yes	No	
LABBB Yearbook	Yes	No	
LABBB Website/Classroom Blogs	Yes	No	
Special Events/Trips	Yes	No	
We, the undersigned parent(s) or guardian(s) of	rams and epartment ages, costs now and u is said minor after he/s and agen om injury emnify, reand agen any litigatins.) who is said he/she be presented elease and	ts, officers s, loss of so nknown pe or, and also she has re /I hereby ts, against to said m imburse of ts any loss tion arises upervising ecomes ill to the app d discharg	employees, servants, and agents of, and from any ervices, expenses and compensation on account of, ersonal injuries or property damage which we/I may all claims or right of action for damages which said ached his/her majority resulting or to result from agree to protect the LABBB Collaborative and its any claim for damages, compensation or otherwise inor in connection with his/her participation in the or make good to the LABBB Collaborative or its or damage or costs, including attorney's fees, the from said minor's intentional, grossly negligent, or said minor to act on our behalf in authorizing and or is injured while participating in the programs at propriate emergency medical staff at such time as the LABBB from any and all claims of any nature
	_	gency mea	ical care.