



F054 WILLIAMS LAKE INDIAN BAND
WAIVER FORM FIELD TRIP

I _____ give permission for Williams Lake Indian Band and its staff/chaperones
[PRINT PARENT'S NAME]
to take my child _____, on the _____ on _____.
[PRINT CHILD'S NAME] (NAME OF EVENT) [DATE]

I agree to let my child/children have their picture taken and published ___ / _____.
Y N

I, _____, acknowledge that the risk of injury is a possibility with all field trips and
[PRINT PARENT'S NAME]
I hereby release and forever discharge Williams Lake Indian Band Staff and its employees, agents and
assigns from any claim for accidental injury occurring to my child, _____, during the
[PRINT CHILD'S NAME]
above described field trip.

Child's Information:

Parent/Legal Guardian Phone #: _____

Emergency Contact: _____

Emergency Contact Phone #: _____

Child's Care Card #: _____

Please note: If your child does not return this form they will NOT be allowed to participate in this activity.

Parent/Legal Guardian Signature

Date

Department Manager Signature

Date