



Marysville Safety Town 2025 Liability and Permission Form

Child's First Name: _____ Child's Last Name: _____

Parent's First Name: _____ Parent's Last Name: _____

Authorization for Emergency Medical Treatment

_____ In the event of an emergency, I grant permission for my child to be medically transported.

_____ I do not grant permission for my child to be medically transported in the event of an emergency.

Parent/Guardian Signature

Date

Field Trip Permission: I give my child permission to leave Navin Elementary and walk to and visit the Decker Fire Station across the street during his/her scheduled time.

Parent/Guardian Signature

Date

Liability Waiver: I hereby grant permission for my son/daughter to participate in the Marysville Safety Town program. I, (legal guardian) acknowledge that participation in Marysville Safety Town Programs may involve some risk of physical injury due to the nature of activities. I understand that participation in these activities could and may present a risk of injury to my or my child's property or person and I knowingly accept the possible risk of falling, getting bumped or injured by another participant or equipment. In consideration for acceptance of these programs, I do hereby release and forever discharge, for myself, my heirs, executors and administrators, any and all claims to collect damages which my child may incur in these activities, and any and all rights to such damages against anyone responsible or associated with the Safety Town event, including, but not limited to the City of Marysville, the Union County Health Department, Marysville Exempted Village School Districts, the Union County Sheriff's Office, Memorial Health, their employees, agents, officers, volunteers, sponsors, or independent contractors. I further represent that my child is in good physical condition to participate in this program.

Parent/Guardian Signature

Date

Photo Release: I do hereby consent to have the Marysville Safety Town Program photograph my child for Marysville Safety Town promotional or commemorative purposes. I further consent and acknowledge that said photograph may be published or reprinted. I acknowledge that by opting out my child may, through the course of the program, be photographed, but that photograph will not be reprinted, published or used for any promotional or commemorative purposes.

Parent/Guardian Signature

Date

Please continue to next page.

Child Pickup Permission

Safety Town teachers have been instructed to release a child only to his/her parent/guardian unless other instructions have been received from a parent/guardian. To simplify this procedure, please list below any person who may pick up your child during the week. **Persons not on this list will NOT be able to pickup your child. Persons other than the Parent/Guardian(s) may be required to show an ID to pick up the child.**

My child, _____ may be released to the following person(s):

_____	_____
_____	_____

Parent/Guardian Signature