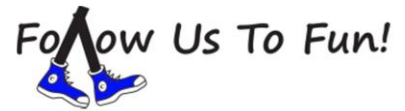




City of Clifton

RECREATION DEPARTMENT
900 CLIFTON AVENUE
CLIFTON, NEW JERSEY 07013



Web: www.cliftonrec.com
Phone: (973) 470-5956
Fax: (973) 815-0599
Email: cliftonrec@cliftonnj.org

Debbie J. Oliver
RECREATION SUPERVISOR

City of Clifton, Recreation Department Parental Consent Release

Walking & Bike Riding Permission Slip

This form must be completed & submitted to the Clifton Recreation Department Office-900 Clifton Ave. 2nd Flr. prior to the child attending the summer program or to their Site Supervisor.

We (I) _____ residing at _____
(Parent or Legal Guardian) (Address)

City _____ State _____ Zip _____ Phone (_____) _____,

in consideration of the benefits to be gained by our (my) child, _____,
(Child's Name)

attending the **SUMMER DAYS IN THE PARK** at _____
(School Name)

Sessions (Please Circle all attending): **1** **2** hereby consent to giving our (my) child permission to walk or ride a bike to and from the Clifton Recreation Department's Summer Program at the expense of and under the sponsorship, direction, control and jurisdiction of the City of Clifton, the Clifton Recreation Department and its agents, servants or employees. **I agree to the**

following stipulations: (You must initial each statement to be approved for walking permission.)

_____ **My child will not be dismissed until 4:00 p.m. unless rainy day policy goes into effect.**

_____ **My child will not be permitted to walk to a parent/guardian's vehicle in lieu of not signing out at the end of the day.**

_____ **If my child becomes ill, during the day, a parent/guardian will be contacted to come and pick my child up immediately. They will not be allowed to walk or bike home.**

Abuse of these policies will prohibit the Clifton Recreation Department from granting permission of walking/riding home in the future. These policies are in place for the safety of the children in the program.

We (I) further testify that we (I) shall not hold liable the City of Clifton, the Clifton Recreation Department and its agents, servants or employees in the event of an accident, other loss or damage that might be sustained by us (me) or by our (my) child as a result of our (my) child's. This covenant may be used by the City of Clifton as a defense to any action or proceeding that may be brought or instituted by us (me), our (my) heirs or legal representatives in breach of this agreement.

Name of Parent/Guardian

Date