

Teen Action & Support Center (TASC) has planned many exciting field trips for each day of the program. As a convenience, we would like to extend a permission slip that will suffice for all planned activities during the Bucket List Summer programming. All field trips and admission will be paid for by TASC and your child does not need to bring additional money. By signing this permission slip, you are granting permission for your child to attend ALL scheduled field trips during Bucket List Summer.

*Field Trips Scheduled include:*

*(This is a tentative list and is subject to change. The confirmed list will be given by May 30, 2024)*

**Horseback Riding, Rock Climbing, Kayaking, University of Arkansas, Turpentine Creek Wildlife Rescue, Paint Your Power, Brightwater**

By signing this permission slip, I, as parent/legal guardian for the child named below, grant permission for my child to participate in the TASC Bucket List Summer field trips. Acting on behalf of myself and my child, I hereby waive any and all claims for damages of any kind against Teen Action & Support Center and any collaborative agency and further agree to indemnify and hold harmless the Teen Action & Support Center, and their employees, and representatives from and against any loss, claim, damage, or liabilities arising out of or related to my child's participation in field trip activities (including transportation of my child to and from field trips), the conduct of my child during such field trip activities, or any medical emergencies involving my child that arise during such field trip activities. In the event of a medical emergency involving my child during field trip activities, I hereby authorize TASC to administer any reasonable and necessary first aid and to seek emergency medical treatment, understanding that TASC will contact me or a designated emergency contact as soon as practicable. I understand that TASC will not be responsible for any costs, expenses, claims, or liabilities related to emergency medical treatment. Prior to the field trips, I will inform TASC of any special medical issues my child might have.

\_\_\_\_\_  
Participant (Teen) Name

\_\_\_\_\_  
Guardian Name (Print)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Guardian Signature