



Special Event Permission Slip

I, _____, the legal parent/guardian of _____, give permission for the above-mentioned dependent to participate in:

SPECIAL EVENT: _____

EVENT LOCATION: _____

DEPARTURE LOCATION: _____

DEPARTURE TIME: _____

RETURN TIME: _____

SPECIAL EVENT INFORMATION: _____

In the event that said minor is injured or becomes ill while participating in the special event, I hereby authorize whatever medical care and services necessary under the circumstances to correct the injury or treat the illness of said child. I understand that the DEFY program will attempt to notify me immediately through the telephone number I have provided.

I agree to indemnify and hold harmless the Drug Education For Youth (DEFY) Program; its agents, employees and officers; and the chaperons, leaders, organizers, and sponsors; and persons transporting my child to and/or from this activity, and the U.S. Government for any and all liability for injuries sustained, arising, and out of or in the course of the special event caused by negligence of others outside the hosting military facility, DEFY staff, Department of the Navy, and the U.S. Government.

Parent/Legal Guardian Signature

Phone Number

Date