

WALK HOME AUTHORIZATION FORM

I hereby request the City of Vista Day Camp staff to release my child or my ward from the program at a predetermined time in order to walk home. The City of Vista Day Camp Program will not release any child under the age of 12, for any reason.

Camper Name: _____ Age: _____

Camper Name: _____ Age: _____

Season: Summer Winter Spring Other: _____

Requested Time of Release (on or after): _____

Waiver: I understand that it is the official policy of the Day Camp Program to allow only those individuals listed on my child's registration card to pick them up from camp. By signing this form I authorize my child/ward to walk home and acknowledge the program will not assume any responsibility or liability once my child/ward has left the facility. I hereby grant permission for my child/ward to leave the program and walk home without the guidance of an authorized adult, contrary to program policy. I understand and agree that the City of Vista, a chartered municipal corporation, will not assume responsibility for my child or my ward once he/she has left the facility. I forever discharge the City of Vista, a chartered municipal corporation, its officers, agents, and employees, from any lawsuits, damages, claims, or judgments resulting from any personal injuries or property damages that my child/ward may sustain once he/she has left the program and/or facility, thereby indicating to program staff that he/she is no longer participating in an activity sponsored by the City of Vista.

Parent/Guardian Signature

Date

Program Supervisor Approval

Approved Rejected

Date Received: _____

Comments:

Program Supervisor Signature

Date