Easton Park & Recreation

Adventure Camp Drop off Waiver

I hereby grant permission for the Easton Park & Recreation Department’s Adventure Camp staff to drop my child off at the below address. All drop off’s will be on the way home from that day’s scheduled field trip & will fall between the hours of 3:30pm – 4:00pm.

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name (Sign): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_