



Seaside Shuffle – Kids’ Fun Run - Permission Form

Please print the information below

Event: Seaside Shuffle- Kids’ Fun Run
Start: Immediately following the completion of the 5K race
Cost: \$5.00 per child
Location: K.E. Goodwin School, 80 Old Boston Post Rd – Old Saybrook, CT 06475
Date: 4/23/17

Child _____ has my permission to participate in this event. I give permission to the leaders and/or emergency medical personnel of this event to render First Aid, should the need arise. I further agree to hold the above named event and its leaders harmless for any accidents that might occur during this event.

In case of an emergency, I can be reached by phone at _____.
If I can't be reached, please contact _____ at _____.

SIGNED : _____ Date: _____
(Parent or Guardian)