Youth Event – Independent Release Form
Permission to Leave Without Adult Supervision

The child(ren) named below will be permitted to leave, walk, or bike alone at dismissal/at the end of the day (“End of Day” is end of event, as specified below). At dismissal, the child(ren) named below will no longer be under the supervision of Trees Atlanta, Trees Atlanta staff, or its agents.

Legal Guardian must deliver this Independent Release Form completed fully and signed with witness. The Independent Release Form must be received by a Trees Atlanta staff member and will be kept on file for the duration of the relevant date(s) of the activity and is effective only for the activity and date(s) indicated.

The Independent Release Form is separate from the information for Alternative Pick Up Authorization which may have been provided to Trees Atlanta as part of registration materials and/or as separate form. The Legal Guardian undersigned acknowledges that the submission of this Independent Release Form supersedes the Alternative Pick Up Authorization information.

I, the Legal Guardian, have read and agree to the terms of this Independent Release Form. I hereby release Trees Atlanta and all of its subsidiaries, affiliated companies, owners, employees, independent contractors, agents, and representatives from any and all claims, liability, causes of action, demands, and/or harm of any kind which arises after dismissal at End of Day.

Name(s) of Child(ren): __________________________________________________________

Event or Activity: __________________________________________________________

Effective Date(s): __________________________________________________________

Start of Day (time): ____________ AM/PM    End of Day (time):  ____________ AM/PM

Legal Guardian:______________________________________________ Date:  ____________

Signature

______________________________________________

Print Full Name Clearly

Witness:  ______________________________________________ Date:  ____________

Signature

______________________________________________

Print Full Name Clearly