

# PACER FUN TIMES – Participant Permission Form

Please complete the following information and return to PACER Center. If you have any questions, please contact the FUN TIMES Coordinator at PACER Center.

I give permission for my son or daughter \_\_\_\_\_, to participate in PACER's FUN TIMES Program.

Name of parent if child is a minor: \_\_\_\_\_

Name of person if 18 years or older: \_\_\_\_\_

- Is there anything you would like the FUN TIMES Coordinator to know about your son or daughter that would support their participation in the program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- I understand that planned activities take place at locations other than PACER Center, such as parks, theaters, bowling alleys, etc.
- I understand that I will provide transportation to the location.
- I will inform the PACER Fun Times Coordinator of special accommodations needed for my son/daughter.
- I understand that PACER Center, its staff, and FUN TIMES volunteers will use reasonable care to ensure that each activity is appropriate, safe, and fun. I will provide current phone numbers where I can be reached in the event of a concern or an emergency.
- I will not hold PACER Center, its staff, or FUN TIMES volunteers liable for any accidents or injuries that occur as part of any PACER FUN TIMES activities.
- I give permission to PACER Center, Inc. to record, videotape and/or photograph my child, and to publish these images in connection with PACER's FUN TIMES Project, including the website and promotional materials.  
 Yes       No

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Emergency contact number(s): \_\_\_\_\_