

HOWARDS GROVE ACTIVITY CENTER
435 North Wisconsin Dr.
Howards Grove, WI 53083

**WALKING / BIKING
PERMISSION / WAIVER**

Child's Name: _____ Birthdate: _____

Parent / Guardian who authorized (please print): _____

By signing this waiver, I authorize my child (listed above) to walk or bike:

- _____ From home to the HG Activity Center in the morning AND my child will arrive at _____ (time)
- _____ From the HG Activity Center to HG Middle School in the morning
- _____ From HG Middle School to the HG Activity Center in the afternoon
- _____ From HG Activity Center to home in the afternoon AND my child may leave at _____ (time)
- _____ To or from extracurricular activities

Please note that this permission slip grants permission for the child to come to or leave the Howards Grove Activity Center without adult supervision. Student may walk or bike as described above only when a permission slip has been completed and is signed, dated by parent or guardian, and is on file at the Activity Center. If we do not have a slip on file, your child will not be released. By signing this form, you are releasing the HG Activity Center of all liability in any situation that may arise while your child is in route.

Signature of Parent / Guardian: _____ Date: _____