The NAGLY Center 2024 Permission Slip

As parent or legal guardian, I give __________________________________ permission to attend an offsite event, a sponsored program taking place other than the Salem location of NAGLY, the North Shore Alliance of GLBTQ Youth (nAGLY).

I give my permission for __________________________________ to receive emergency medical treatment. In an emergency, call:

Name: ______________________________ Phone#: ______________________________

By signing this form, you agree that your child may participate in the trip and any workshops or activities they decide to join. By signing this form, you also agree to release the North Shore Alliance of GLBTQ Youth (nAGLY), their staff, volunteers, and chaperones from any and all damages, death, and/or injuries of any kind you or your child/ward might suffer as a result of participating in this field trip, except for those that result from gross negligence or wanton and willful misconduct.

x__________________________________________________________

printed name: ______________________________________________

date: ______________________________