

LMPD HIKING PROGRAM PERMISSION FORM



My child is participating in LMPD's Community Policing Unit Hiking Program. I understand the weekly hikes will last approximately two hours. I am responsible for making specific arrangements for drop-off and pickup of my child; if someone other than myself is providing this service, I must supply that person's name to LMPD before my child is released to them.

Permission is provided per Covenant Not To Sue previously signed on _____ (date) to hold harmless Louisville Metro Government/Louisville Metro Police Department with regard to participation in this activity.

Participant - Parent/Guardian Signatures

Hike Information:

Date: _____ Location: _____

Means of Transportation: _____

Leave Gathering Point: _____

Return to Point: _____

Special Instructions:

