

# WILD

## Wilderness Inner-city Leadership Development



InterIm Community Development Association  
601 South King Street, Suite 304  
Seattle, WA 98104  
206-623-5132, ext. 322

Alisa Koyama, WILD Program Manager  
Email: [akoyama@interimicda.org](mailto:akoyama@interimicda.org)  
Office: 206.623.5132 ext. 322 Cell: 206-601-9707

### WILD Program Permission Slip and Medical Authorization

**Name of Participant:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I hereby give my consent for:

\_\_\_\_\_ (print name of the participant)

to participate in the program listed above being conducted by WILD, a program of InterIm Community Development Association, and partners. I declare that I will not hold WILD/InterIm, the Employees, Volunteers or Board of Directors, and partners and vendors responsible for any injuries, damage or personal loss incurred while participating in said program.

The undersigned and the above named participant are aware that safety regulations are applicable to the above program and hereby agree to comply with such regulations and all directions of instructors and/or other personnel in charge of the program.

I hereby give permission to remove my child from the agency for field trips by means of walking, bus, car, or other means.

I hereby give permission to any of the agencies to photograph and videotape participant for the use of promoting the WILD/InterIm program, as well as collect necessary demographic information.

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

(parent or guardian, if participant is under 18)

**Printed Name:** \_\_\_\_\_ **Relationship to participant:** \_\_\_\_\_

**Medical Provider:** \_\_\_\_\_ **Medical ID #** \_\_\_\_\_

**Doctor Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**One additional contact for emergency:**

Name	Relationship	Phone
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