



Cathedral of St. John the Divine 1047 Amsterdam Avenue 10025 (212) 316-7530

www.actprograms.org

ACT SUMMER CAMP PERMISSION TO WALK HOME ALONE

This is to give permission to allow my child(ren), 11 years and older, to walk home alone at the end of camp day.

Recognizing that ACT Programs will do its best to ensure a safe environment and experience at camp, I understand that certain dangers are present when walking home alone. By signing below, I hereby release ACT Programs and the Cathedral Church of St. John the Divine from all responsibility and liability of any nature.

Yes, my child(ren) has my permission to walk home alone from the **campus at the end of camp.**

Camper(s) Name: _____

Parent Name (printed): _____

Parent Signature

Date