



Wm. Tony Evans, Supervisor
Town of Wilson
375 Lake St. PO Box 537
Wilson, New York 14172

Telephone: (716) 751 6704
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**Release for Child Field Trip Attendance
July 7- August 15, 2025**

I hereby give permission for _____ to attend the stated field trips.

I hereby waive, release, and forever discharge the Town of Wilson, its employees, agents, representatives and officers from any and all claims or cause of action for damages which I have or which I hereinafter have individually or as parents and natural guardian of my child against the Town of Wilson, its employees, agents, representatives, and officers for any and all damage which may be sustained by me and or my child in connected with my involvement with the Town of Wilson Recreation Program.

I further agree that any and all medical bills incurred as a result of my child's participation in the Town of Wilson Recreation Program shall be submitted to my health care provider for payment and shall not be the responsibility of the Town of Wilson

Print Name: _____ Date: _____

Signature: _____