



# Solano Pride Youth take a **QUEER HISTORY FIELD TRIP**

of the Castro and Tenderloin Districts

**Saturday  
January 31st**

**9-12  
grades**

**Please load \$32  
on a Clipper Card**

**Lunch is covered by  
Solano Pride**

**For carpooling**

**We will depart from  
the Center at 8:45 AM**

**1234 EMPIRE ST,  
FAIRFIELD, CA**

**For those being driven**

**Meet at the Vallejo  
Ferry by 9:15 AM**

**289 MARE ISLAND WAY,  
VALLEJO, CA**

**The Ferry leaves at 9:30AM**

**We will return to Vallejo by 6:20 pm and  
the center by 7 pm**

**Download the Permission slip below, having it filled out and  
given to Trystan by Wednesday, January 28th at 9 am to**

**[trystan@solanopride.org](mailto:trystan@solanopride.org)**





## SOLANO PRIDE CENTER Parent Permission & Liability Waiver

I (parent/guardian): \_\_\_\_\_, give permission for my  
(please print)  
child/children: \_\_\_\_\_ to take part in the following activity as part  
of the Solano Pride Center Youth Program:

**Activity: Queer History Trip to the City on Saturday, January 31<sup>st</sup> from 9 am - 7 pm.**

I agree to release, waive and hold harmless Solano Pride Center, its sponsors, its volunteers, and officers, employees, agents, representatives, successors, and assigns from any and all liability.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name of Parent/Guardian if signing for a minor under 18 years of age

Optional: I further grant full permission to Solano Pride Center and/or agents authorized by them to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name of Parent/Guardian if signing for a minor under 18 years of age

If applicable:

My child/children: \_\_\_\_\_ have been prescribed medications that they need to take on a daily basis.  
I ask that Solano Pride Center remind them, if necessary, to take their prescribed medications.

Medications: (please print): \_\_\_\_\_

If applicable:

My child/children: \_\_\_\_\_ are allergic to: \_\_\_\_\_