

PERMISSION AND WAIVER AGREEMENT

Dear Parent/Legal Guardian:

Your son/daughter is eligible to attend the trip described herein. Transportation to and from this event will take place under the supervision of _____ (“School”) personnel and/or representative(s).

Name of Event/Trip:

Destination:

Date and Time of Departure:

Date and Time of Return:

Method of Transportation:

Cost:

If you would like for your child to attend this event/trip, please complete, sign and return this Agreement.

My child has special medical concerns: Yes _____ No _____ (If yes, please describe below.)

I hereby approve the participation of student, _____ (PRINT NAME), in the event and transportation described above. I understand that this event and transportation will take place away from the School’s campus and that the student will be under the supervision of the designated School representative on the stated date(s). I further consent to the method of transportation.

I hereby agree, on behalf of the named student, that the student named herein may participate in the event/trip, including transportation to and from the event.

I assume responsibility for any damage to person(s) or property caused by the student while they are participating in the event/trip.

In the event of a medical emergency, I give permission to School representatives to act on my behalf for my child. I agree that if my child receives medical/dental treatment during the course of the event/trip, I will be responsible for any and all medical or dental costs. I understand the child is not permitted to carry or possess any medication (prescription and non-prescription) during the event/trip. If medication is necessary, only School representatives may carry and administer any and all medication to the child. Written instructions signed by the child’s physician must be on file with the School. These instructions must include the diagnosis, name of medication, dosage, and time of administration. Medication must be in the original labeled container.

I agree that if my child’s behavior or health results in him/her being sent home prior to the scheduled return date/time, then I will be responsible for any travel arrangements and expenses.

I agree, individually, and on behalf of the student, to the maximum extent allowed by law, to indemnify, defend (including attorney’s fees) and hold the School and its faculty, staff, volunteers, and any representatives or persons acting for the School harmless of and from, and release same from, any liability, claims, and/or causes of action of any type for any losses, damages and/or injuries sustained (including death) by the student and/or by us or anyone who may recover under any such claims or for any such losses or damages in connection with any activity in any way related to or associated with the School, including, but not limited to on or off-campus activities, academic activities, any other extracurricular activities, field

trips and/or travel in or out of state or country. I further agree to compensate the School, its officers, directors, employees, agents, chaperones and/or representatives for reasonable attorney's fees and expenses which may be incurred in any action brought against them as a result of such injury or damage. I also understand, acknowledge and accept the inherent danger associated with this trip and any activities and waive any claims to hold the School and its faculty, staff, volunteers and any representatives or persons acting for the School responsible for same. This indemnity, hold harmless and release agreement also applies to such inherently dangerous activities.

I give permission for my child/student to take part in the event and travel described herein. As parent/legal guardian, I remain legally responsible for any personal actions taken by the above-named child/student. I understand that all School Policies and Procedures, including adherence to the Handbook and/or Code of Conduct, will apply to my child/student during the event and/or travel.

PARENTS/GUARDIANS:

(Parent's/Guardian's Signature)

(Date)

(Print Parent's/Guardian's Name)

(Parent's/Guardian's Signature)

(Date)

(Print Parent's/Guardian's Name)

STUDENT INFORMATION

STUDENT'S NAME: _____

INSURANCE COMPANY: _____

NATIONALITY: _____

COUNTRY OF PASSPORT ISSUE: _____

PASSPORT NUMBER: _____

STUDENT'S NAME: _____

EMERGENCY CONTACT INFORMATION

PERSON TO CONTACT IN CASE OF EMERGENCY (NOT ATTENDING THE TRIP):

RELATIONSHIP TO STUDENT: _____

PHONE NUMBER(S) WHERE EMERGENCY CONTACT PERSON CAN BE REACHED DURING TRIP:

MEDICAL

ALLERGIES: _____

MEDICATION: _____

MEDICAL CONCERNS: _____
