

**COMMUNITY SCHOOL CORPORATION OF EASTERN HANCOCK COUNTY
FIELD TRIP AND TRANSPORTATION PERMISSION FORM**

I hereby give permission for my child to participate in the educational, athletic, or extra-curricular field trip described below. During such event, if it shall be necessary for my child to receive medical treatment for any illness, injury, or emergency, I authorize the school, or any of its agents, employees, or volunteers, to secure reasonable medical treatment for my child and I hereby appoint such representative of Community School Corporation of Eastern Hancock County to consent for all medical and/or surgical treatment and/or medical procedures which may be required in the event of an emergency. I understand that if time permits, I will be consulted and advised of the situation, and this authorization is used only in the event of an emergency.

Date of event: _____

Description of event: _____

Estimated departure time from school: _____ Estimated return time to school: _____

Name of student: _____

Parent phone (home) _____ (work) _____ (cell) _____

Parent Signature

Date

In conjunction with the event described above, I am hereby providing the school with the following information regarding my child.

In case of an emergency, and the parent cannot be located, please contact

Name: _____

Phone (home) _____ (work) _____ (cell) _____

Student's allergies _____

Student's physical disabilities _____

Other information _____

Information about prescription or other required medication, dosages, and times to be administered must be provided on the separate Medication Permission Form.

The Field Trip Permission Form must be in the possession of the staff member in charge of the field trip in case of an emergency.

GENERAL RELEASE AND WAIVER OF LIABILITY

I, the parent/guardian of the student named below, understand the nature of the School Corporation Field Trip ("Field Trip") and am in accordance with the purposes and procedures governing the Field Trip. I hereby grant permission for my child or ward to participate in the Field Trip. In consideration for my minor child or ward being permitted to participate in the Field Trip:

RELEASE OF ALL CLAIMS. I hereby release, discharge, and covenant not to sue School Corporation, its administrators, teachers, directors, agents, officers, volunteers, and employees, other participants, other event organizers, and, if applicable, owners and lessors of premises on which the Field Trip takes place, (collectively as "Releases") from all present and future liabilities, debts, obligations, costs, expenses, damages, losses, charges, judgments, executions, liens, claims, demands, actions or causes of action of whatever nature or description, or any other claim in equity or at law (collectively, "Claims"), whether caused in whole or in part by the Releases or any other person or thing at the Field Trip while I or my child/ward is present, which I or my child or ward, family, estate, heirs, representatives, executors, administrators, successors or assigns (collectively, "Related Parties") may have, whether known or unknown, suspected, asserted or not asserted, arising out of participation by myself or my child/ward in the Field Trip, specifically if the Claims are caused by the negligence of the Releases. I further agree that if, despite this release and waiver of liability, I, or anyone on my behalf, make a claim against any of these Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss, liability damage, or cost which any may incur as the result of such claim. I understand, acknowledge and accept that this Release and Waiver of Liability is intended to be binding on myself, anyone related to me, my personal representatives, heirs, and next of kin.

RISKS ACCEPTED; MEDICAL TREATMENT. I further understand, acknowledge and accept that participation in the Field Trip involves certain inherent risks, including, but not limited to, property damage, economic loss and serious bodily injury (including death), and I agree that my child or ward is voluntarily participating in the Field Trip with full knowledge of the risks involved and accept all risks of participation. I authorize representatives of School Corporation, and/or a party designated by representatives of School Corporation to provide necessary medical treatment to my child or ward, at my cost, should the need arise. School employees supervising the trip will first attempt to contact the parent/guardian regarding any decision to provide medical treatment but if the circumstances require an immediate decision then this treatment will be authorized by the School on behalf of the child or ward. I understand, acknowledge and accept that I must provide medical insurance for my child or ward.

I am of legal age and am freely signing this agreement on behalf of the Field Trip participant. I understand, acknowledge and accept that this Release and Waiver of Liability is intended to be as broad and inclusive as permitted by the laws of the state in which the Field Trip is taking place and agree that if any portion of this Release and Waiver is invalid, the remainder will continue in full legal force and effect.

Participant Name (printed) _____ **Participant Age** _____

Parent/Guardian Signature _____ **Date** _____

Email Address _____ **Phone** _____