

WAHAHA YOUTH CLUB FIELD/ACTIVITY TRIP – PARENT/GUARDIAN PERMISSION FORM

ASSUMPTION OF RISK/ PERMISSION TO PARTICIPATE

As a parent or guardian of a child requesting to voluntarily participate in a field trip, I hereby acknowledge that I have read, understood and agreed to the following:

Field Trip Destination _____

I hereby give my permission for

Name of Child/Youth (“Participant”) _____ Date of Birth _____

Name of Child/Youth (“Participant”) _____ Date of Birth _____

Name of Child/Youth (“Participant”) _____ Date of Birth _____

who attends Wahaha Youth Club (the “WYC”) to participate in a field trip on (date) _____.

Time involved: From _____ To _____

Child’s Address: _____ City _____

Parent’s Phone: Home _____ Cell _____

Family Physician: _____ Phone # _____

Medical conditions, medication information or allergies the district should be made aware of:

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

Name _____ Phone # _____

I acknowledge that this activity entails known and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

Release of Claims. I release and agree to hold and save harmless Wahaha Youth Club (and any co-sponsors, hosts, or related organizations), its officers, directors, employees, agents, and volunteers (collectively, “Released Parties”), from all claims and liabilities of any kind, known or unknown, including, but not limited to, claims based on the negligence of Released Parties (either individually or collectively), related to or arising, directly or indirectly, from my child(ren)’s (the Participant’s) participation in the above-described event/activity, including travel to and from the Activity. This release is binding on me and my personal representative and heirs. I have carefully read this document and understand what it says.

I certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity.

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named child(ren). I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.

In the event it becomes necessary for WYC person-in-charge to obtain emergency care for my child, neither s/he nor the WYC assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances. I understand that I am responsible for any costs associated with an accident or injury. My child has medical/accident insurance: Yes / No

Being fully informed as to these risks, I hereby consent to my child participating in this Field Trip.

Signature of Parent/Guardian **Date** **Work/Daytime Phone**