

Overnight Trip – Parental Permission Waiver

1. I have read the financial arrangements, the itinerary and guidelines for rules of conduct for this trip and do hereby give my consent for the student named to participate on this trip.

Group Taking Trip _____

Date(s) of Trip _____

2. In case of injury (see Code #352.2 Exhibit 2 – Authorization for Parental Surrogate to Consent to Medical Treatment for Minor Children). I understand that nothing in this agreement shall relieve me of any financial responsibility arising from my child's use of medical facilities. I hereby agree, in consideration of the services to be rendered to the below named child, to be individually responsible to pay the account of the hospital, therefore, in accordance with its regular rates and terms.
3. I, therefore, understand that I may be held financially responsible for any additional expenses as a result of early termination or any infraction of the rules.

Student Signature: _____

Parent/Guardian Signature: _____

Address: _____
(Street)

(City) (State) (Zipcode)

Date: _____

Field Trip – Student Agreement

I have read and fully understand the rules and regulations for this trip. I agree to adhere to all of them. I understand that failure to abide by any of these rules could result in expulsion from the tour and the organization.

Student's Signature: _____

This form is to be returned to the Instructor.

**Approved:
1/26/2015**