



JARROW FIELD TRIP PERMISSION FORM

1. PERMISSION – I am the parent/guardian of _____ (“my Child.”) I GRANT PERMISSION for my child to participate in the Jarrow School trip to _____ **field trip** on _____ . Means of transportation will be _____

I recognize, for myself and my Child, that these activities involve inherent risks, including risk of injury, loss of property and death. I am giving this permission with knowledge of these risks and expressly agree to assume them on behalf of my Child.

2. INDEMNIFICATION – I agree to INDEMNIFY Jarrow School, Inc., its directors, officers, agents, teachers, and employees, together with the parents organizing and accompanying the children on the _____ **field trip** (collectively, the “Protected Parties”) against any and all claims, causes of action and liabilities and expenses and attorney fees incurred in defending against same that may arise as a result of the participation of my Child in the _____ **field trip**. This includes any injury, damage or loss which my Child may cause, or to which he or she may contribute, to any other child participating in the _____ **field trip** or to any other person. My obligation to indemnify the Protected Parties also includes any claims, causes of action and liabilities, and expenses and attorney fees incurred in defending against same, that may be asserted against the Protected Parties by me, by my Child, or by any other person on behalf of my Child, for any injury, damage or loss to my Child or to his or her property or to me.
3. RELEASE – Further, I, for myself, my Child, my heirs, executors and subrogates, KNOWINGLY AND INTENTIONALLY RELEASE, the Protected Parties from any and all claims, causes of action and liabilities arising directly or indirectly out of injury, damage or loss to my Child or to his or her property or to me as a result of my Child’s participation in the _____ **field trip**, whether such injury, damage or loss results from negligence of the Protected Parties, or from some other cause. I understand that the furnishing of medical care is neither an admission nor assumption of liability by the Protected Parties.
4. REPRESENTATION – I REPRESENT to the Protected Parties that I am not aware of any medical or other condition that would make the _____ **field trip** an inappropriate activity for my Child. My Child requires no regular medication except: _____ (insert “none” if appropriate.)

My child has no allergies or other medical condition of which the Protected Parties should be aware except: _____ (insert “none” if appropriate.)

5. I acknowledge that said trip is voluntary and I may choose for my Child to not participate in said trip. In the event that I elect for my Child to not participate in said trip, I acknowledge my Child shall be provided with an appropriate continuing educational experience at Jarrow School, Inc.

Signature of Parent or Guardian

Signature of Parent or Guardian

Print Name

Date

Print Name

Date

ONE PARENT OR GUARDIAN MUST SIGN, ALTHOUGH TWO SIGNATURES ARE ENCOURAGED.