



JARROW UNIVERSAL FIELD TRIP PERMISSION FORM

This *Universal Permission Form* grants permission for your child to attend all field trips during the school year. Parents will receive details regarding the location, type of trip, and details prior to each event. Some field trips may require additional forms from the partnering organization which will be sent home prior to the trip. Please read carefully and return a signed copy to the school.

1. PERMISSION – I am the parent/guardian of _____ (“my Child”). I GRANT PERMISSION for Jarrow Montessori School Fields Trips for the entirety of the 2018-2019 School Year (August 2018 through May 2019.) I recognize, for myself and my Child, that participation in and transportation to/from 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. Means of transportation for Field Trips include: Chartered Bus, Public Transportation, Faculty or Parent Driver with valid insurance and driver’s license, Walking. I give permission for my Child to use any of the above forms of transportation _____ (please initial.)

3. 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 on a 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.

4. 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.

5. 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.)

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

Signature of Parent or Guardian

Signature of Parent or Guardian

Print Name

Date

Print Name

Date