



FIELD TRIP RELEASE, ASSUMPTION OF RISK AND INFORMED CONSENT FORM

This release and consent will remain in effect for the entirety of the 2024-2025 school year

In connection with and consideration of my child's participation in school field trips, I, on behalf of my child and myself or personal representatives assigned, hereby represent and agree as follows:

- 1. VOLUNTARY PARTICIPATION:** I understand that participation in any field trip with the school is voluntary; my child is not required to participate.
- 2. POTENTIAL DANGER, HAZARD & RISK of INJURY:** I am aware that participation can potentially be dangerous and/or hazardous, and I fully recognize and understand that there are risks and hazards, both minor and serious, associated with participation.
- 3. STUDENT'S CURRENT HEALTH:** I represent and warrant that my child has no physical, health-related or other problems which would preclude or restrict their participation or otherwise render their participation dangerous or harmful to themselves or others. My child's fitness level and over-all state of health is adequate to participate safely. I further represent and warrant that my child has adequate medical, health, and/or other insurance coverage.
- 4. REIMBURSEMENT TO THE SCHOOL:** I further agree to reimburse or make good any loss or damage cost that The Montessori Academy Edison Lakes (its officers, employees and agents) may have to pay if any litigation arises on account of any claim made by said minor or by anyone on behalf of said minor.
- 5. ASSUME RESPONSIBILITY:** Knowing the dangers, hazards and risks associated, and with sufficient knowledge of my child's physical conditions and limitations, if any, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property which my child may, in any way, sustain in connection with participation.
- 6. CONDUCT ON FIELD TRIP:** I agree that my child must abide by all rules and regulations applicable to participation, as well as codes of conduct and general standards for respect of person and property and good behavior. The supervising teacher or sponsor will discuss field trip rules and safety requirements with students and adult chaperones prior to the field trip. I understand and agree that failure of the student to follow field trip rules or safety requirements may result in the student being sent home, at my expense, and that the student may be barred as a result from future field trips.
- 7. MEDICAL TREATMENT:** Emergency medical information regarding the student is on file with the school and is current (provide updated information before each field trip, if necessary). If an injury or medical emergency occurs during the field trip, a supervising teacher, sponsor or chaperone has my express permission to administer or to authorize the administration of urgent or emergency care, including the transportation of the child to an urgent care or emergency care provider. In such circumstances, notice to me and/or the emergency contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility.
- 8. RELEASE & INDEMNITY OF THE SCHOOL:** To the fullest extent permitted by law, I hereby release and forever discharge and agree not to sue and to indemnify and hold harmless The Montessori Academy Edison Lakes and their governing boards, officers, agents, employees, sponsors and volunteers from and against any and all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my child's participation, whether due to the negligence, mistake or other action or inaction of The Montessori Academy Edison Lakes staff, or any other person or entity involved in any way with The Montessori Academy Edison Lakes. I acknowledge that I am giving up valuable rights by signing this document.

Please note: You will receive and be required to sign a Field Trip Information form (see reverse for sample) for each individual trip your child will be asked to participate in. The individual Field Trip Information form will refer to this form as a Release, Assumption of Risk and Informed Consent for the entirety of the 2024-2025 school year.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE, ASSUMPTION OF RISK AND INFORMED CONSENT FORM, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Student's Name (Please print)

Parent/Guardian Signature

Date

Room _____ Field Trip Information

Today's Date: _____

Dear Parent/Guardian:

Please review the following information, then complete the bottom portion and return to your child's teacher by the date indicated. Thank you.

Field Trip Location: _____

Date: _____ Departure Time: _____ Return Time: _____

Additional Information: _____

My child _____ has my permission to attend the

field trip to _____ on _____.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ AND FULLY UNDERSTAND THE FIELD TRIP RELEASE, ASSUMPTION OF RISK AND INFORMED CONSENT FORM THAT WAS PROVIDED TO ME AT THE TIME OF ENROLLMENT, AND I SIGN THIS FIELD TRIP INFORMATION FORM VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Parent/Guardian Signature

Date