

**ST. MARY'S RICHARD TUFENKIAN PRE-SCHOOL ("SCHOOL")  
VOLUNTARY EDUCATION FIELD TRIP PERMISSION SLIP  
ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AND  
RELEASE AND INDEMNIFICATION**

Please read this document carefully before signing. It contains important information about the field trip (hereinafter referred to as "Field Trip"). All participants and parents/guardians are asked to acknowledge and assume any and all risks of the Field Trip and to waive any and all claims they might have against the School in the event of injury or other loss arising from the Field Trip. This document must be signed by each participant.

**Field Trip Information**

Participation in the Field Trip is optional and voluntary. **Attendance is not required.** An alternative activity at the School will be provided for children choosing not to participate in the Field Trip.

I, \_\_\_\_\_, hereby agree to participate as a chaperone or parent volunteer in a voluntary  
(Name of Participant)  
education trip or activity to CA Science Center, Big Lab on the following date(s): Thursday, February 23, 2012.  
(place(s)/activity or activities/event(s) (date)  
The trip is scheduled to leave the School at 8:30 on 2/23/2012, and return to School at approximately 1:30 on 2/23/2012  
(time) (date) (time) (date)  
Class/Group Attending: Kindergarten Approximate No. of students: 72  
Mode(s) of Transportation: Commercial School Buses Cost: \$ 15.00 Per-Person

**Acknowledgements and Agreements of Participant**

I, \_\_\_\_\_, ("Participant" or "I") acknowledge and agree to the following:  
(Name of Participant)

**Acknowledgement of Additional Field Trip Information:**

1. I acknowledge and understand that this Field Trip is optional and voluntary, and that attendance by Participant is not required. I further acknowledge that an alternative activity at School will be provided if I do not give permission for my child to participate.
2. I acknowledge and understand that this Field Trip includes travel by, including but not limited to, bus, vehicle, or walking to a location outside the School. I further acknowledge and understand that such travel may be dangerous and that School cannot guarantee the safety of Participant.
3. I understand and agree that I must abide by all School rules and regulations governing conduct during the Field Trip. Any violation of said rules and regulations may result in Participant being sent home at his/her own expense and/or the expense of his/her parent/guardian. I further acknowledge that although I am subject to the rules of this Field Trip, the School does not in any way accept responsibility for the health, welfare or conduct of any Participant.
4. I acknowledge and agree that the School reserves the right to dismiss any participant, including Participant, from a trip or program whom it believes, in its discretion, presents a safety concern or medical risk, is disruptive, or otherwise conducts him/herself in a manner detrimental to the Field Trip. If Participant is dismissed or otherwise departs for any reason, Participant is responsible for any and all costs associated with an early departure, whether for medical reasons, dismissal, personal emergencies or otherwise. These costs include, but are not limited to, medical evacuation, travel, and compensation and expenses for staff accompanying Participant.
5. By signing this Agreement, I represent that I am physically and mentally capable of participating in this Field Trip. I further represent that I have no known health restrictions that might jeopardize my safety or health, and/or the safety or health of others during the Field Trip.
6. I understand that I am required to depart and return from this Field Trip on the transportation provided, arranged or agreed to by the School for the Field Trip, unless prior arrangements have been made and agreed to, in writing, with the School's Director.
7. I acknowledge that all field trips/excursions will begin and end at School unless I have made prior arrangements with the School, in writing, with the School Director on or before the beginning day of the Field Trip.
8. I acknowledge that there are certain risks inherent in participating in or travelling to the Field Trip. Such risks may include, but are not limited to, accident, delay, injury, death, illness or damage to personal property. I agree that the School and its agents or employees cannot ensure my safety. I expressly assume these risks and agree that I will not hold the School or its agents or employees responsible if such events occur.
9. I agree to waive all liability and all claims or suits for injury, accident, illness, death, or property damage arising from my participation in or travel to the field trip either on or off School premises, including but not limited to claims arising from the negligence of School or its agents and employees, against School and its agents, employees, parent companies, subsidiaries, affiliates, officers, directors, board members, attorneys (past and present), insurers, indemnities, representatives, partners (limited or general), predecessors in interest, assigns, heirs and successors. I agree to indemnify and hold harmless School and its agents, employees, parent companies, subsidiaries, affiliates, officers, directors, board members, attorneys (past and present), insurers, indemnities, representatives, partners (limited or general), predecessors in interest, assigns heirs and successors in respect to all such claims that may be brought.
10. I acknowledge and expressly assume all risks and dangers associated with all activities during this Field Trip, known or unknown, and inherent or otherwise including, but not limited, to those arising from Participant's participation in the Field Trip. I accept full responsibility for any injury or loss, including death, arising in whole or in part out of my enrollment or the enrollment of Participant in the activities of the Field Trip.
11. In the event of an accident, injury and/or medical emergency, School and its agents or employees are hereby authorized to consent to and obtain for Participant whatever emergency medical treatment, surgery or dental care is considered necessary from and in the best judgment of the attending physician, medical care facility, hospital, paramedic unit or other health care provider deemed appropriate by School and its agents or employees in the circumstances. Medical costs incurred shall be the responsibility of Participant, and Participant agrees to pay for such medical care whether or not the costs are insured by Participant's health insurance.

**BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ THE ENTIRE DOCUMENT INCLUDING WITHOUT LIMITATION THE INFORMATION REGARDING FIELD TRIP AND ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS CAREFULLY AND UNDERSTAND THE INFORMATION CONTAINED THEREIN.**

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Participant: (Please Print) \_\_\_\_\_

Adult Participant Form  
Please sign and return

Child's Name: \_\_\_\_\_ Child's Group: \_\_\_\_\_

(Additional information regarding this trip is attached)