File: IJOA-E

Field Trip:_____School:

Teacher:_____Date:_____

PERMISSION TO PARTICIPATE AND RELEASE FROM LIABILITY

Your child's teacher has volunteered to organize a school-sponsored field trip. Participation in this field trip is voluntary, but you must give permission before your child can go. If you do not give permission, your child will remain at school for the regular day and continue academic work there. This field trip is not essential, and your child's grade will not be affected by participation in this trip. This trip is offered as enrichment.

Your child's teacher may provide additional details such as clothing requirements, lunch provisions and other details in an accompanying correspondence to you. Please read this information carefully. Your child will be supervised by teachers and/or parent chaperones. It is possible that your child may face more risks by participating in this field trip than if your child stayed at school. We cannot enumerate every risk, but we believe that you are generally familiar with this activity and your child, and are in the best position to decide whether your child should participate. The School Department and Principal have approved this field trip, but we cannot and do not guarantee that there will be no injuries or damages as a result of this field trip.

This is a legal document and you are free to obtain a lawyer's advice before signing it. You may not, however, change the language of this form, and any additions or deletions you make to this permission and release have no effect.

By signing this form, you agree that your child may participate in the field trip. By signing this form, you also agree to release the Town of Arlington, Town officials, Town employees and all parental program and activity volunteers or chaperones from any and all damages, death and/or injuries of any kind you and your child might suffer as a result of participating in this field trip, except for those that result from gross negligence or wanton and willful misconduct. This agreement to release does not apply to any independent contractor.

Signed:

Parent/Guardian of:_____Teacher/Grade:_____

Male _____ Female_____

Student's Last Name **First Name** **Middle Initial**

Home Address **Zip Code**

/ /

Telephone No. **Date of birth** **Grade/Homeroom**

(A copy of the birth certificate may be required)

IN CASE OF EMERGENCY CALL

1. _____

Name **Telephone #** **Relationship**

2. _____

Name **Telephone #** **Relationship**