

# **FIELD TRIP/EXTRA CURRICULAR ACTIVITY/ TRANSPORTATION PERMISSION AND WAIVER FORM**

## **Permission, Waiver, Release and Indemnity Agreement**

In consideration of the family named below (the "Family") being any person of that immediate family permitted to participate in the field trip or any time of extracurricular activity with or organized by Walking Wise Homeschool Co-op (the "Field Trip"), the undersigned, parent(s) or legal guardian(s) of the Family and participants, hereby agree(s) to the following terms and conditions set forth below:

1. Participation: Permission is granted for the Family to participate in the Field Trip with the understanding that the Family is not mandated to attend this field trip. I/We understand and acknowledge that certain risks are inherent in this type of excursion and I/we assume liability and responsibility for any such risks associated with participation in the activity.
2. Expectations: I/We understand and acknowledge that ALL members of the family are expected to abide by all Co-op and host facility regulations during the course of the activity. I/We agree to direct the Family to cooperate with the directions and instructions of the supervisory personnel in charge of the Field Trip.
3. Hold Harmless: I/We acknowledge that, as a condition of the Family's participation in this activity, I/we hold harmless and waive any and all claims against Walking Wise Homeschool Co-op, Camp Bethel, or host facility, its board member, employees, agents, and volunteers, including, but not limited to, claims arising out of any ordinary negligence of any board member, employee, agent, student or volunteer of the Walking Wise Homeschool Co-op or Camp Bethel, or any loss or damage to personal property occurring during or by reason of the Student participating in this activity.
4. Release from Third-Party Liability: I/We understand that Walking Wise Homeschool Co-op and Camp Bethel is not an agent of, and has no responsibility for, any third party including without limitation any sponsor or program that may provide any services, equipment, training or activities associated with the above mentioned activity.
5. Indemnification: As a condition of the Family's participation in this Field Trip, I/We indemnify Walking Wise Homeschool Co-op and Camp Bethel for all claims resulting from the family's participation in the activity including but not limited to any injury, accident, illness, or death, or any loss or damage to personal property.
6. Medical Care: I/We consent to any of the co-op volunteers or Camp Bethel staff, employees, agents and representatives of Walking Wise Homeschool Co-op or Camp Bethel administering or consenting to the administration of such emergency medical care to the Family as such person deems appropriate in the circumstances, and hereby authorize medical treatment in case of emergency.

7. Medical Insurance: I/We understand and acknowledge that neither Walking Wise Homeschool Co-op nor Camp Bethel does not carry or maintain health, medical, or disability insurance coverage for the Student and therefore agrees to assume the responsibility for such insurance coverage on the Family.

8. Medical Conditions: I/We agree that knowledge, prevention and treatment of any existing medical or physical conditions are the sole responsibility of the Family, specifically the guardian(s). Walking Wise Homeschool Co-op nor Camp Bethel will make decisions regarding participation of events if conflict due to an existing medical or physical condition exists, that is the sole responsibility of the parent/guardian.

9. Severability: If any provision of this agreement is held invalid or unenforceable, the remainder of this agreement shall nevertheless remain in full force and effect. If any provision is held invalid or unenforceable with respect to particular circumstances, it shall nevertheless remain in full force and effect in all other circumstances.

10. Voluntary Agreement: The Family and specifically the parent(s)/guardian(s) acknowledge that they have read the "Permission, Waiver, Release and Indemnity Agreement" and are aware of the legal consequences of signing this binding document. My signature below indicates that I have read and freely signed this agreement. I further certify that I am legally competent to sign this agreement.

**IMPORTANT – READ ENTIRE AGREEMENT BEFORE SIGNING**

Names of Family Members (Print Names)


Parent/Guardian \_\_\_\_\_ / \_\_\_\_\_  
(Print Name) (Date) Parent/Guardian

(Signature) \_\_\_\_\_ / \_\_\_\_\_