



## PERMISSION SLIP & RELEASE FORM FIELD TRIPS & ASSOCIATED ACTIVITIES

I, **(Print Full Name of Parent or Guardian)** \_\_\_\_\_ have granted permission for **(Print Full Name of Student)** \_\_\_\_\_ to participate in the activity or activities related to the Saltwater Studies Summer Camp(s).

**Description:** Summer Camp

**Date(s) of Activity:** July 2017

**1. Acknowledgement of Voluntary Participation.** I understand and acknowledge that student participation is voluntary and that I choose to allow my child to participate fully in the activities.

**2. Assumption of Risk.** I understand and acknowledge that in order to participate in this field trip or activity, I agree to assume liability and responsibility for any and all potential risks that may be associated with my child's participation therein. The activity or activities may be physically demanding, and despite reasonable precautions taken by Saltwater Studies to protect the participant, there are certain risks of personal injury and/or illness inherent in the activity. I hereby acknowledge my intention to assume all risks associated with the field trip and/or activity. I also acknowledge any pre-existing condition(s) that may contribute to the physical nature of the activity and have included them below in the space provided.

**3. Release from Liability.** I hereby voluntarily release, discharge, waive, and relinquish any and all claims or causes of action against Saltwater Studies, or any of their employees, volunteers for all losses, including personal injury or illness, temporary or permanent; wrongful death; property damage or disappearance; or expenses of any kind that may arise from participant's engagement in, or activities related to, the subject event(s).

### 4. Medical Information and Release

The following special health problems concerning my child should be noted – if none please check “none”:

Heart condition                       Allergy (specify below whether food, bee sting, etc.)

Asthma                                       Hemophilia                                       Diabetes

Other                                       None

Describe condition noted above with particularity, including any medications or other instructions:

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In the event of a medical emergency, I hereby authorize the teacher/chaperone attending to my student during this event to secure medical attention or hospitalization for my child.

**Physician Contact Information**

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**Child's Physician**

**Physician's Phone Number**

**Parent/Guardian Contact Information**

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**Work Phone**

**Home Phone**

**Cellular Phone**

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**Alternative Emergency Contact**

**Relationship to Child**

I understand Saltwater Studies, Inc. does not provide medical insurance for my child for purposes of this event, and I am solely responsible for providing such insurance and for payment of any medical treatment expenses for my child that are not covered by insurance.

**I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING INFORMATION, VERIFIED ITS ACCURACY AND AM FULLY AWARE OF THE EFFECT OF SIGNING THIS AGREEMENT.**

**SIGNATURE OF PARENT OR GUARDIAN (IF UNDER 18 YEARS OF AGE):**

PRINT NAME:

\_\_\_\_\_

Signature:

\_\_\_\_\_

Date: \_\_\_\_\_