

Way of Truth Apostolic Academy

WOTA
148E Howard St
Parker City, IN 47368

Phone (765)730-1363

wota1.com

Field Trip Participation Permission & Release Form

Trip
to: _____ with: _____

On: _____

Student's Name: _____ Grade: _____

Cost of field trip: _____ Due by: _____

*parent will provide sack lunch

This form must be completed by the parent/guardian on my/our behalf and on behalf of my/our child in full recognition and appreciation of the dangers and hazards inherent on this field trip, do hereby give my/our consent for his/her participation on this trip.

PERMISSION

I/we the parent(s)/guardian(s) of the above named student on my/our behalf and on behalf of my/our child in full recognition and appreciation of the dangers and hazards inherent on this field trip, do hereby give my/our consent for his/her participation on this trip.

RELEASE

In consideration of the provision by WOTA of the transportation and means by which this trip is undertaken, I/we hereby release and discharge the WOTA, its officers, agents, employees and the sponsors/chaperones of this trip from and against any and all claims or causes of actions on account of damage to property, or for personal injury or death which may result from the student's participation in the field trip or transportation during this field trip, except and unless such damage, injury or death is caused by the gross, willful, or negligence of the released parties, or by their intentional misconduct.

AUTHORITY TO ACT FOR THE DELIVERY OF EMERGENCY MEDICAL CARE

Should I/we be unavailable or otherwise unable to provide direct authorization, I/we hereby grant to the school principal or his/her designee the authority to act for me and to provide any required consent and authorization for the delivery of the emergency medical care, diagnosis, and treatment, including surgical intervention, if necessary, on behalf of my minor child to do all other necessary things as I might or could do to provide for the child's health and safety, as if I were present.

AGREEMENTS TO ABIDE BY RULES AND REGULATIONS

I/we parent(s)/guardian(s) expect my/our child to abide by all rules and regulations set forth by the sponsors and chaperones of this group. I, the undersigned student, do hereby agree to abide by all rules and regulations set forth by the sponsors and chaperones of this group.

TRANSPORTATION REGULATIONS

All students and chaperones (if applicable) are required to ride in the school provided vehicle to and from the field trip unless otherwise designated by an administrator.

Parent Signature

Date

Student Signature

Date