



1215 Ala Aolani St. Honolulu, HI 96819
Phone: 808-834-5728

FIELD TRIP PERMISSION & LIABILITY STATEMENT

Child's
Name: _____

This form is to authorize my child's participation in all field trips organized and conducted by Calvary Child Care Center.

This form is also a statement of release of liability as detailed below.

Note: Information will be sent home prior to each field trip detailing where the field trip will take place. You, the parent/guardian, will be allowed to disallow your child's participation in any outing should you choose to do so.

The undersigned Parent/Guardian (hereinafter, "I") understands that the students will be chaperoned/supervised while en route, participating and during schedule time, and that normal precautions will be taken in their interest for safety and well-being.

I hereby agree to release Calvary Child Care Center and its trustees, employees, volunteers and sponsors (collectively, the "Indemnities") and to indemnify and hold the indemnities harmless from all actions, claims, liability, and expenses, whether known or unknown, present or future (and expressly including (1) actions brought or claims made by the student named above after reaching the age of majority, and (2) actions or claims for damages caused in whole or in part by the negligence or gross negligence of the indemnities) relating to or arising from or connected in any manner with the student's participation in the field trip identified herein.

In case of emergency, I give my approval and authorization for first-aid treatment and any medical treatment by local physicians and/or hospital including surgical procedures. I agree to accept responsibility for payment of all charges incurred during this medical treatment.

This form must be signed and returned to the sponsor, teacher or administrator in charge of this group on the day of departure. No student will be permitted to go on the field trip that has not completed this form and returned it to the proper school personnel.

Signature of Parent/Guardian: _____ Date: _____