

Universal Field Trip Release (Page 1 of 2)

Whatever you do, work at it with all your heart, as working for the Lord, not for human masters, since you know that you will receive an inheritance from the Lord as a reward. It is the Lord Christ you are serving. Colossians 3:23-24

Effective for all day field trips for the entire 2019-2020 school year

STUDENT INFORMATION

_____	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>
First & Last Name	Date of Birth	
_____	_____	_____
Street Address	City	Zip Code
_____	_____	_____
Grade Level	Cell Phone	Home Phone
_____	_____	_____
Insurance Company	Insurance Policy Number	Medical Conditions
_____	_____	_____
Doctor's Name	Doctor's Phone Number	Allergies

Failure to provide medical information may result in forfeiture of participation in field trips.

PARENT/GUARDIAN INFORMATION

_____	_____	_____
First & Last Name	Best Phone Number	Alternate Phone Number
_____	_____	_____
Secondary Contact	Relationship to Student	Best Phone Number
_____	_____	_____
Tertiary Contact	Relationship to Student	Best Phone Number

*In the event that the primary contact (i.e. parent/guardian) cannot be reached, a CLHS representative may reach out to the secondary or tertiary contact.



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STATEMENT OF UNDERSTANDING**

Student: During this trip, I realize that I represent the school. At all times, I will observe the rules of Crean Lutheran; cooperate and abide by the rules and guidelines of chaperones, faculty, and staff members; satisfactorily complete all study, writing, and work assignments associated with this experience; and dress appropriately for all activities. I will make restitution for any damage incurred to property or persons, accidental or otherwise.

Parent: In consideration of my signed release, which allows my child to participate in the activity, and travel to and from the activity, listed on page 1 of the "Program Travel Release," I do hereby waive, release, and forever discharge any and all rights and claims, which I may have or which may arise hereafter against Crean Lutheran High School, and all its employees, for damages, which may be sustained or suffered by me or my child related to my child's association with and/or participation in the field trip, activity, and/or event, and corresponding travel. I agree that this release does not in any way conflict with any existing commitment on my part and that this release is a legally binding agreement and will be construed broadly to provide a release and consent to the maximum extent permissible under applicable law. Any provisions found to be void or unenforceable shall be severed from this agreement, and not affect the validity or enforceability of any other provisions.

Furthermore, I hereby certify that my child is insured and is covered by an insurance policy that covers medical and hospital expenses resulting from accidental bodily injury. I realize and accept the inherent risks of participation, attendance, and related travel. I understand and accept the risk of serious injury and I fully understand that participants are to abide by all rules and regulations governing conduct during the trip, activity, and/or event, and corresponding travel. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian. In the event of illness or injury, I authorize medical care to include but not limited to: x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I hereby waive and absolve Crean Lutheran High School, and all its employees, of any and all liability and responsibility for injuries, accidents, sickness, and/or illness that may arise out of my child's participation in the field trip, activity, and/or event, and corresponding travel.

By signing below I attest that all information on this form is accurate and that I fully understand the information.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____