

**THE MARIN SCHOOL
FIELD TRIP PARENTAL CONSENT FORM/WAIVER**

I/we the undersigned request that my/our child _____ be permitted to participate in the activity named below.

Trip Name: Fall Trips – Junior Class **Destination:** Jesuit Retreat Center - 1001 Boole Road Applegate, CA 95703

Date(s): 9/22-23/2016

Faculty in Charge: Elizabeth, Josh, Keith

Mode(s) of Transport: Van/Bus

Departure Time/Location: 9/22/2016 - 8:45 @TMS Return Time/Location: 9/23/2016 by 3:30 at school. Cost to Student: No Charge

PLEASE KEEP THE TOP PORTION OF THIS FORM FOR YOUR REFERENCE, AND RETURN THE BOTTOM PORTION, SIGNED, TO THE FRONT OFFICE

NAME OF STUDENT: _____

Trip Name: Junior Fall Trip

Date(s): 9/22-23/2016

MEDICAL RELEASE

I understand that every effort will be made to contact me in the event of any accident or injury to my child, but in the event that I cannot be reached, I hereby authorize the school representative to consent to whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance and treating such injuries. I understand that I am financially responsible for any such emergency medical care.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of my agent to give specific consent for any and all such diagnosis, treatment or hospital care which the aforementioned physician or nurse in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to the applicable provisions of the Family Code of California and the Health Code of California.

Please describe any health or medical needs not listed on the TMS Medical Information Form. Include current medications, any food allergies or special dietary restrictions: _____.

All medications must be turned in to the faculty in charge, who will be responsible for dispensation.

RELEASE OF CLAIMS AGAINST THE MARIN SCHOOL

As Parent/Guardian, I have voluntarily applied, on behalf of my child, to participate in the above-identified field trip. I understand that there are risks in my child's/ward's presence, transportation, and participation in this school-sponsored program. I HEREBY AGREE ON BEHALF OF MY CHILD TO ASSUME ANY AND ALL RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF, OR CAUSED BY MY CHILD'S/WARD'S PRESENCE AND PARTICIPATION IN THIS FIELD TRIP. I HEREBY RELEASE THE MARIN SCHOOL, ITS AGENTS AND EMPLOYEES, FROM ALL ACTIONS OR CLAIMS THAT MY CHILD, MY CHILD'S HEIRS AND/OR LEGAL REPRESENTATIVES NOW HAVE OR MAY HEREAFTER HAVE FOR BODILY INJURY, DEATH, AND PROPERTY DAMAGE RESULTING FROM MY CHILD'S PARTICIPATION IN THIS FIELD TRIP.

I HAVE CAREFULLY READ THIS AGREEMENT AND AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF, ON BEHALF OF MY CHILD, AND THE MARIN SCHOOL, AND I SIGN IT OF MY OWN FREE WILL.

BEHAVIOR EXPECTATIONS

I understand that my child/ward is a representative of The Marin School while on this trip; that school rules and policies apply while s/he is on this trip. In addition, **no relationship cohabitation is permitted**. I agree that the supervising personnel have the right at their discretion to enforce the established rules of conduct, and I agree to direct my child to cooperate and conform with directions of the supervising personnel. I further understand that, if my child/ward shall violate The Marin School rules or these behavior expectations, I will be called upon to immediately pick up my child/ward. I may be reached during the field trip at the following phone number: _____.

Parent/Guardian Signature: _____ Date: _____

Please print name: _____ Phone: _____