



# FIELD TRIP PERMISSION FORM 2018 – 2019

Parent(s)/Guardian(s) \_\_\_\_\_ hereby give permission for my child  
\_\_\_\_\_, a student at Chapin School, to participate in:

**Canoeing & Kayaking** the details of which are:

Trip date: *Friday, May 17, 2019*

Destination: *Canoeing and kayaking on the canal on Alexander Road, Princeton*

Departure time: *9:15 a.m.*

Arrival time at Chapin: *1:30 p.m.*

Transportation: *Bus*

Trip activities: *canoeing, kayaking, lunch at the park near the launch, field games at Chapin*

To bring along: *snack, lunch (provided by Chapin\*), drink (no soda please), refillable water  
bottle, sunscreen*

\* \_\_\_\_\_ My child will bring his/her own bagged lunch from home and will NOT need one provided by Chapin.

**I/(we) understand that there are risks associated with participation in the program, as with all such activities, and that there are additional risks to consider including: N/A**

**Knowing those risks I/(we) sign this Release and Indemnification Agreement as follows:**

**Medical Release and Waiver of Liability:**

I/(we) hereby grant permission to Chapin School to deal with any medical emergencies in the event that I/(we) cannot first be contacted. I/(we) authorize the teacher or staff member in attendance at any Chapin School activity to select and secure such medical attention as they may reasonably believe necessary for my child as a result of injuries or other events requiring emergency care if neither parent/guardian is in attendance at such event or until parent(s)/guardian(s) can be contacted. Further, as noted above, **I am aware of the risks to which my child may be exposed on this trip; and, I hereby release Chapin School, its Trustees, employees, and contractors from any and all liability on account of such participation and I release them from any liability on account of such selection or authorization of medical attention and for any and all damages which occur on account thereof.**

**Medications:**

Students who normally receive medication during the class day/class event should receive the same medication on a school field trip or event. I/(we) acknowledge that I/(we) are responsible for making arrangements with the Nurse's Office for medications normally administered during the day or during the event. I/(we) acknowledge that this location is NOT a "nut safe" environment. Further, I/(we) give permission for my child to receive emergency medical treatment by a first aid squad and/or hospital, if needed.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**The water in the canal is 8 feet deep.  
Canoes/Kayaks can and do tip over.  
Keep your life vest on and properly fastened.**

**RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT**

**READ BEFORE SIGNING!**

In consideration of being allowed to participate in any way in the Griggstown Canoe and Kayak Rental program, it's related events and activities I, \_\_\_\_\_ the undersigned acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE GRIGGSTOWN CANOE AND KAYAK RENTAL, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

X \_\_\_\_\_ Age: \_\_\_\_\_ Date Signed: \_\_\_\_\_

PARTICIPANT'S SIGNATURE

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE**  
**(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X \_\_\_\_\_ Date Signed: \_\_\_\_\_

PARENT/GUARDIAN'S SIGNATURE

(print name)