



FIELD TRIP PERMISSION FORM 2018 – 2019

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

Camp Mason the details of which are:

Trip date: *Friday, May 17, 2019*

Destination: *YMCA Camp Ralph S. Mason*

Departure time: *8:15 a.m.*

Arrival time at Chapin: *7:30 p.m.*

Transportation: *Bus*

Trip activities: *Outdoor activities*

To bring along: *Refer to email outlining items to bring along.*

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: _____

YMCA Camp Ralph S Mason Program Waiver

Group Name: _____

Participant Name: _____ Date of Program: _____

Parents' Names (*if participant is under 18*): _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Email (*parent email if participant is under 18*): _____

Emergency Contacts (*in event parent is unavailable*): _____

YMCA Camp Mason conducts its programs with the best interests of its participants in mind and has taken reasonable steps to provide appropriate equipment and well trained staff for these programs. However, these programs do have inherent risks and although safety procedures have been established to minimize these risks not all risks and hazards can be eliminated due to the nature of the activities offered.

Living in the natural environment can be unpredictable. Some of the possible risks include contact with wildlife, falling, cuts, burns, bruises, sprains, fractures, falling trees, falls during climbing, falling rocks during climbing, tipping over a canoe, falling into the water, drowning, near drowning, hypothermia, unpredictable weather conditions. All of these risks may result in injuries to the participant. I understand that Camp Mason's intent is not to frighten me but wants me to be fully informed of all the risks. I understand that the risks listed above are not complete and that there are other risks that exist.

The potential of contracting Lyme Disease increases in rural settings such as Camp Mason. We encourage all participants to check themselves regularly for ticks and to be educated on the signs and symptoms of Lyme Disease, which may occur days or months after an encounter with a tick.

My signature below indicates that I fully understand the nature of the program at YMCA Camp Mason and I freely wish to participate. I know of no legal, physical or health reason why myself and/or my child cannot fully participate in the program that I am registering for. I agree to assume responsibility for the inherent risks identified herein and to those risks that are not specifically identified. I understand that it is my responsibility to participate in a safe manner, doing my best to follow the safety instructions provided to me by the Camp Mason staff. I agree not to do anything that jeopardizes me or other members of my group. I (and my parents/guardians if I am a minor) assume and accept full responsibility for me and for injury, death and loss of personal property and expenses suffered by me as a result of those inherent risks and dangers identified herein, and those not specifically identified, as a result of my negligence or the negligence of others participating in the activity.

My signature authorizes the management and staff of YMCA Camp Mason to act for me according to their best judgment in the event of a medical emergency and/or routine medical care. By my signature I hereby waive, release and hold harmless the YMCA, its management, volunteers, agents, and staff from any and all

liability for any injuries, death or illness sustained and/or incurred while at Camp and /or while using any facilities of, or participating in any of the activities of YMCA Camp Mason. I grant permission for emergency medical treatment and/or routine medical care by the YMCA camp staff, a rescue squad, private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me as soon as possible. My signature waives and/or releases YMCA Camp Mason from any and all liability and/or financial responsibility for any medical expenses incurred. I understand that YMCA Camp Mason does not carry or maintain health, medical or disability insurance coverage for any Participant. Each Participant is required to obtain their own medical or health insurance coverage.

In consideration of having myself or my minor child or ward participate in the Outdoor Center program to be offered by YMCA Camp Mason, I agree to waive and release all future claims, demands or causes of action which the undersigned and/or such participant might have by reason of any loss, damage, expenses, injury or death arising out of or in any way connected with such person's participation in such program. I further agree to indemnify and hold harmless YMCA Camp Mason, their agents, officers, directors, employees and volunteers from and against any such claim, demands or causes of action.

By signing below, I acknowledge that it is understood that YMCA Camp Mason is a non-profit corporation, organized exclusively for charitable and educational purposes, and as such, is immune from liability to its beneficiaries for the negligence of its agents, servants or employees under N.J.S.A. 2A:53A-7.

I give YMCA Camp Mason permission to use any photographs taken of myself and/or my child while participating in programs at Camp Mason.

Signature: _____ Date: _____

Parent/Guardian/Participant

If the participant is under 18 I am signing as the parent/guardian to reflect my understanding and acceptance of the risks involved in attending programs at YMCA Camp Mason.

YMCA Camp Ralph S. Mason
23 Birch Ridge Road
Hardwick, NJ 07825
(908) 362-8217
www.campmason.org



Chapin School 6th grade Day Trip May 17th 2019

10:00	Arrive at Camp Mason
10:15-10:45	New Games/Organized games on the courts (Divide into groups A, B, and C)
10:45-12:15	A) Survival B) Survival C) ASE
12:30	Lunch
1:15-2:45	A) Canoeing B) ASE C) Survival
2:45-4:15	A) ASE B) Canoeing C) Canoeing
4:15-4:30	New Games on Courts
4:30	Dinner & Departure

