



Walking Trip Permission Form

Riverside Magnet School
Kimberlee Matthews, Principal
Kayleigh Conrad, Assistant Principal

Throughout the school year, scholars may have the opportunity to participate in learning experiences that further enrich our school curriculum and will provide scholars with an enhanced educational experience beyond the classroom. These experiences would include walking trips to different places on our Goodwin Campus. Please complete the form below for your scholar to participate.

Families will be notified in advance if scholars are leaving RMS

I (Parent's name) _____ give permission for my child (Child's name) _____ to attend walking trips on the Goodwin University campus for the 2022-2023 School Year. This would include the following places:

- Goodwin Main Building
- Goodwin Field
- CTRA Middle Building
- CTRA High School Building

In case of an emergency, I give permission for my child to receive medical treatment and in case of such an emergency, please contact:

Name (please print) _____

Phone number(s) _____

I understand that my child's classroom teacher will notify in advance of walking trips to the university campus.

Parent Name (Print) Parent/guardian signature Date

**This form will be kept on file for one school year*



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Please fill out ALL sections below

Assumption of Risks: Participation in school field trips, outings and events carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises and sprains to 2) major injuries such as broken bones or severed limbs or 3) catastrophic injuries including death from drowning.

I have read the above and understand and appreciate these and other risks that are inherent in school outings especially where water activities are likely. I hereby assert that my child's participation is voluntary and that I have knowledge of the danger involved and all such risks of property damage, personal injury or death.

Parent/Guardian's Signature: _____

PRINT Parent/Guardian's Name: _____

Date: _____

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD Goodwin College and its subsidiaries and its employees, volunteers, agents HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my or my child's involvement in participation a field trip and to reimburse them for any such expenses incurred.

Parent/Guardian's Signature: _____

PRINT Parent/Guardian's Name: _____

Date: _____

SHOULD A MEDICAL EMERGENCY ARISE ON THE TRIP, I ALSO GIVE MY PERMISSION FOR MY CHILD TO RECEIVE APPROPRIATE MEDICAL TREATMENT.

EMERGENCY CONTACT NAME _____ **RELATIONSHIP** _____

EMERGENCY CONTACT TELEPHONE NO. _____

PARENT/GUARDIAN SIGNATURE _____