WOODLYNDE SCHOOL

Field Trip Permission Form

Woodlynde School L·E·A·D STUDENT LIFE PROGRAM

Grades 6 - 8 are invited on a field trip to: THRILLZ Adventure Park in King of Prussia

Date	Tuesday, November 26	*Time*	**Departure:** 3:30 **Arrival back to campus:** 7:30
Location	Name of Location: Thrillz King of Prussia Address: 555 S. Henderson Road, King of Prussia, PA 19406		
Cost	**$35.00** (Included: transportation, all park attractions, socks) (**NOT** Included: money for arcade games & snacks)		
Transportation	Bus		
Notes	You can reach Miss Walker during the trip using the Remind app link **Please complete the Thrillz waiver linked on the next page!**		

Please **return** this permission slip **by**: **Wednesday, November 20, 2024**

CUT HERE **CUT HERE** **CUT HERE** **CUT HERE**

I give permission for my child _____ in grade _____

to attend the field trip to Thrillz King of Prussia on Tuesday, November 26th

from **3:30** to **7:30 PM** (your child will contact you when we board the bus to return to school)

Enclosed is $ **$35.00** to cover the cost of the trip. (**Exact cash or check** made payable to "Woodlynde School" in a sealed envelope with your child's name on it, and handed **back to Ms. Walker** with this part of the permission slip & Woodlynde School **waiver**.)

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

Name _____ **Phone Number** _____

Parent/Guardian Signature _____ Date _____

Woodlynde School
L·E·A·D
STUDENT LIFE PROGRAM

Join us for a FUN trip to Thrillz Adventure Park
Tuesday, November 26th ! 3:30 PM to 7:30 PM
Adventure Zone includes over 30 challenges such as:

- Sky Jousting
- Super Slides
- Zip Lines
- Climbing Walls
- Trampolines
- 1 Hour of Laser Tag Included!

Check https://thrillzparks.com/king-of-prussia-pa/#experience-it-all for more information!

Please complete the permission form AND the Thrillz waiver.
You MUST complete the ONLINE waiver or Thrillz will NOT allow your child to participate! You can access the waiver here.

☐ **I have completed the ONLINE waiver allowing my child to play.**

☐ **I have included cash/check for $_35_ made out to Woodlynde School.**

➢ **I will pick up my child:**

☐ **at Thrillz by 7:00 PM.**

☐ **in the FRONT parking lot at Woodlynde at 7:30 PM.**

☐ **My child will be picked up by someone other than me:**

(name of person picking up) _____

WOODLYNDE SCHOOL
Field Trip Consent, Waiver and Release

The following student of the Woodlynde School (the "School") desires to participate in the following field trip with the School ("Field Trip"):

Student Name: _____ (the "Student")

Name of Field Trip: MS LEAD ThrillzTrip **Dates:** 11-26-24

Description of Field Trip: A school bus will pick up students at 3:30 PM at Woodlynde School. Students will travel by school bus from Woodlynde School to Thrillz in King of Prussia, PA. From 4:00 until 7:00 PM, students will participate in recreational activities including: playing on trampolines, climbing walls, ropes and obstacle courses, zip lines, monkey bars, and playing arcade games. At 7:00 PM, students will board the school bus to return to Woodlynde School.

The Following Risks/Dangers May be Present: Falls, being struck, or collisions with objects or people; vehicle accidents or collisions; injuries due to heavy exertion, including but not limited to, dehydration and exhaustion; property damage or loss; broken bones, wounds, cuts, mental/emotional trauma; and/or any other injury, temporary or permanent disability, or death.

In consideration of Student being allowed to participate in the Field Trip noted above, we, the Student and the Parent(s) and/or Legal Guardian(s) of the Student, jointly and severally, do hereby grant the following releases and permissions:

Permission: We, the Parents/Guardians of Student, hereby consent to and give permission for Student's participation in the above-referenced, school-related, voluntary Field Trip, and understand that the participation of Student in such Field Trip involves a certain element of risk, including serious injury and, although unlikely, the possibility of death. We have reviewed the detailed description of the Field Trip above and understand the various types of things involved in the Field Trip that could potentially elevate the risk of serious injury or even death. We are comfortable in assuming full and complete responsibility for, and risks of, death, personal or bodily injury, disability, and/or property damage resulting from, in connection with, or in any way related to, Student's participation in the Field Trip.

Release and Waiver: We, intending to legally bind ourselves, our child, and all of our respective guardians, heirs, executors, personal and legal representatives, estates, beneficiaries, administrators, successors and assigns (all of the foregoing, collectively the "Releasors"), **do hereby WAIVE, RELEASE AND DISCHARGE, AND COVENANT NOT TO SUE, the Woodlynde School, and its officers, directors, trustees, shareholders, owners, managers, partners, employees, staff, volunteers, chaperones, agents, and supervisors and their successors and assigns (collectively the "Releasees") from any and all liability and/or claims, suits, damages, injury, disability, death, costs and expenses, including those relating to COVID-19, whether arising before, during or after the Field Trip, and whether caused by the sole or joint negligence, gross negligence, or tortious act or omission of the Releasees or any third party (collectively the "Claims").** Notwithstanding anything herein to the contrary, the willful misconduct of the Releasees is expressly excluded from the scope and application of this Release and Waiver. The Releasors hereby knowingly and voluntarily waive, to the fullest extent permitted by law, the benefits of any statute, law, rule, or common law which may limit the scope of this Release and Waiver.

We also hereby agree to INDEMNIFY, DEFEND AND HOLD HARMLESS the Woodlynde School and its officers, directors, trustees, shareholders, owners, managers, partners, employees, staff, volunteers, chaperones, agents, and supervisors and their successors and assigns from any and all claims, liabilities and costs asserted by or on behalf of us or any of our legal representatives, heirs, successors and assigns within the scope of the release above. In consideration of Student having the privilege of participating in the Field Trip, and acknowledging that Student and we accept responsibility for his/her actions at all times, we hereby assume the risk of, and release and hold harmless the Woodlynde School from, any and all injury to or damage by Student during the Field Trip. We agree to be financially responsible for any and all damages, costs or fees for which the School may be liable as a result of the conduct of Student.

In the event that this Release and Waiver is found to be invalid, unenforceable, or void, in whole or in part, for any reason, then the Releasors acknowledge and agree that in no event, including, without limitation, the negligence or gross negligence of the Releasees, or any of them, shall the Releasees' aggregate liability to Releasors or any other person exceed any applicable insurance limits, and in no event shall Releasees, or any of them be liable to any person for special, incidental, consequential, or punitive damages or for any indirect damages such as, but not limited to, exemplary damages or lost earnings, lost revenues or loss of consortium, or companionship (even if the Releasees have been advised of the possibility of such damages) whether based upon statute, contract, tort, negligence, strict liability, or otherwise.

Notwithstanding any provision herein to the contrary, this Release and Waiver does not release, is not intended to release, and does not in any way apply or relate to the release and/or discharge of any claims Releasors may have against any person and/or party other than the Releasees.

The Releasors represent and warrant to the Releasees that (i) all of Student's living parents and/or legal guardian(s), as applicable, have duly signed the Release and Waiver (unless the School has granted a specific written exception due to unusual circumstances), and (ii) Student has no medical condition (physical or mental) which would or could impact on the Releasees allowing Student to participate in the Field Trip and that the Student is physically able to participate in the Field Trip, and (iii) the Student is not taking any herbal or medicinal supplement or prescription that could impact Student's participation in the Field Trip.

Student Conduct Obligations: We also agree that Student is expected to abide by all School rules and direction from faculty, administrators, coaches, volunteers, or chaperones during such Field Trip and that Student's failure to do so will be justification for termination of participation in the Field Trip and Student will be sent home at his/her Parent/Guardian's expense without refund for the payment made to participate in the Field Trip (if any).

Medical Authorization: We authorize the School, at its discretion and our expense, to obtain medical service, surgical care, or treatment for Student in the event of an emergency. This authorization is given with the understanding that the School will attempt to notify the Student's Parent/Guardian or emergency contact in the event of an emergency. We confirm that it is our desire that Student be furnished with such medical care, surgical care or treatment services as soon as reasonably possible after the need arises. We hereby release and hold the School harmless from any liability which might arise from the giving of such consent. We agree to reimburse the School for any medical expenditure made on Student's behalf.

Consent to On-Site Medical Care: We hereby authorize the School to supply medical care as needed for the Student. This will include the administration of emergency medications and those prescribed by a licensed practitioner for the Student. We authorize the School to perform appropriate minor medical care, as determined by those School employees supervising the Field Trip. We hereby release and hold the School harmless from any liability which might arise from the provision of such medical care.

We are aware of, and understand fully, the potential risks involved in connection with the Field Trip and that we may choose to NOT allow Student to participate in the Field Trip at our sole discretion. We understand that the description of the inherent risks associated with the Field Trip, as set forth herein, is not complete and that other unknown or unanticipated risks may arise. We agree that the Student's participation in the Field Trip is purely voluntary.

Furthermore, we acknowledge that we have received the opportunity to review this Consent, Waiver, and Release with an attorney, that we have carefully read and fully understand the contents of this Consent, Waiver, and Release and have asked and received answers to all questions we may have, and that we have duly executed this Consent, Waiver, and Release freely and voluntarily, intending and agreeing to be fully bound by the terms hereof. We understand and agree that if this Consent, Waiver and Release is signed electronically, a photocopy or an electronically signed version is an acceptable substitute for the original and holds the same force and effect as a wet ink signature.

By: _____ By: _____
Parent/Guardian: Print Name Parent/Guardian: Signature

By: _____ By: _____
Parent/Guardian: Print Name Parent/Guardian: Signature

Please return this form by Wednesday 11/20/24 to Kathy Walker