

Permission and Release Agreement for Overnight Field Trip
Upper School
FL Spring Break Lacrosse Trip, 3/21/27-3/26/27

Please read this document carefully. Please contact **Marshall Hatcher** with any questions about the program. This Agreement must be signed by at least one parent/guardian of the participating student.

I/we, as parent(s) or legal guardian(s) ("Parent/Guardian"), permit my/our child ("Student"),

_____, to participate in the **FL Spring Break Lacrosse Trip** ("Trip"). I/we understand and agree to the following:

1. The Student is voluntarily choosing to participate in this Trip through Princeton Day School. I/we have read and understand the description of the planned Trip.
2. Princeton Day School (the "School") reserves the right to make changes to the Trip (including but not limited to the faculty leader) or alterations in the Trip's proposed schedule and itinerary. 3. The School and its representatives are not responsible for events beyond their control such as, without limitation, strikes, war, terrorism, weather, acts of God, or government restrictions; or for acts, errors, or omissions of persons or entities outside of their control including, without limitation, airlines, surface transportation companies, hotels, restaurants, or other suppliers of program services; or for the failure of any airlines, or its agents, to provide the transportation it has contracted to perform or to honor a confirmed reservation. I/we agree to release Princeton Day School from all claims arising out of such events, acts, or omissions.
4. By signing this Agreement, I/we understand that Student must abide by the rules, regulations, guidelines, and policies set forth by Princeton Day School and its authorized representatives when participating in the Trip. I/we understand that any violation or other disruption caused before or during the Trip may result in Student disciplinary action, up to and including dismissal from the Trip. Should a student be dismissed during the Trip, I/we take responsibility for all costs incurred in providing for the Student's return home. Further disciplinary measures may be initiated by the School upon return to School.
5. I/we acknowledge that travel generally and activities associated with it have inherent risks which cannot be eliminated.
6. Any activities the Student may take part in during the Trip will be considered to have been undertaken with my/our approval of any and all risks involved.
7. If Student becomes injured, ill, or incapacitated, I/we authorize Princeton Day School or its representatives to take whatever action deemed reasonable and necessary to preserve Student's health and safety, including, without limitation, obtaining medical or dental treatment for Student at my/our expense and/or transportation of Student at my/our own expense to medical facilities or to return Student home for medical, dental, or other reasons.
8. I/we represent that the information provided in the enclosed Overnight Field Trip Self-Administration and Self-Carry Medication Permission Form is complete and accurate. If the Student may need medical care for which informed consent or permission may be required, whether on an emergency or urgent basis, reasonable attempts will be made to reach me/us for consultation and informed consent. If those

efforts are unsuccessful, then I/we hereby delegate to the Trip Leader or his/her designee or representative the authority to make on my/our behalf all medical decisions regarding the Student's care and treatment, including decision on surgery and the administration of anesthetic, and to give informed consent to such treatment.

9. I/we understand that Princeton Day School will attempt to exercise reasonable diligence to ensure the safety and well-being of Student during his/her participation in the Trip, including travel and all related program events and activities. However, I/we understand that constant supervision cannot be ensured during the Trip and that it is not practicable for the School to supervise or screen all aspects of, or providers of, service to this program. [NOT APPROPRIATE FOR MIDDLE SCHOOL.] I/we also understand that there are inherent risks of serious personal injury and property damage involved in all Trip travel and activities. I/we voluntarily assume and accept such risks of personal injury and property damage arising from Student's attendance at and/or participation in the Trip.
10. By signing this Agreement, I/we understand that IF Student requires an Epi-Pen, Inhaler, diabetic supplies or any other related devices, they are responsible for bringing and carrying it with them on day field trips.
11. **By signing this Agreement, the Student and the Student's Parents, on behalf of their minor child and for themselves, and for the respective heirs, executors, administrators, representatives, successors and assigns of the Student and the Parents fully ASSUME ALL RISKS, inherent and otherwise, whether or not described above or in the Trip Description, and RELEASE AND DISCHARGE the School, its officers, trustees, faculty, employees, insurers, and agents and representatives under the direction and control of the School (the "Released Parties") from any and all claims for liability, damage, injury or loss, including serious or permanent bodily injury or death, arising from, related to, during, or associated with the Student's participation or enrollment the Trip for any reason, EXCEPT FOR liability, damage, loss, or injury that is CAUSED SOLELY BY THE RECKLESS, WILLFUL, OR WANTON CONDUCT of a Released Party.**
12. I/we agree to indemnify Princeton Day School and its representatives, and will defend and hold them harmless for any claim, cause of action, lawsuit, damages, financial liability or obligation which Student incurs, or injury or damage to the person or property of others which Student may cause or contribute to while participating in this Trip.

By signing this agreement, I/we acknowledge that I have carefully read this agreement, understand it is a full release of liability except as expressly stated above, and agree to be bound thereby.

_____	_____	_____
Parent/Guardian Name	Parent/Guardian Signature	Date
_____	_____	_____
Parent/Guardian Name	Parent/Guardian Signature	Date
_____	_____	_____
Student Name (if 18 years old or older)	Student Signature	Date

Princeton Day School
Overnight Field Trip Self-administration and Self-Carry Medication Permission Form

I the parent/guardian am allowing my student, _____, in grade _____, to carry and self-administer the following medications during the trip. I acknowledge the following:

- I understand that a nurse will not be on the Trip
- All medication needs to be in the original pharmacy bottle or package and only the correct number of doses in the bottle, plus 2 extra.
- My student is capable and competent to self-administer the medication
- My student is responsible and has knowledge and understanding of the appropriate use, frequency, time, side effects and purpose.
- I am aware that the school bears no responsibility for ensuring that any self-administered medication is taken. ● My student understands that all medication for diabetes, asthma and life-threatening allergies must be carried at all times in an emergency kit, such as a backpack or fanny pack, that contains all medications ordered by the medical provider.

Prescription/Over-the-counter Medication

Medication	Dose	Time to administer	Prescription or OTC

Parent/Legal Guardian Name: _____ Date:_____

Parent/Legal Guardian Signature: _____ Date:_____