



6th Grade Signature Trip School Permission Form Prescott Pines Camp

Please sign below and then check appropriate blanks for the section(s) that applies to your student.

6th Grade: Prescott Pines - August 21-23, 2019

Student's Name: _____

****Permission slip DUE by August 12 , 2019****

Agritopia Home Room Teachers: Lauer, Hammond, & Renaud

Dates: August 21-23, 2019

Locations: Prescott Pines Christian Camp - Prescott, AZ

Depart from Campus: 8:30am on Wednesday, August 21st

Return to Campus: Approximately 2:30pm on Friday, August 23rd

Cost: \$200.00 per student and \$200 per chaperone; includes all meals and snacks except first day sack lunch on way to Prescott Pines.

Transportation: Charter Buses & GCS Vans

_____ I give permission for my child to attend the above field trip. I understand that this field trip has a fee of \$200 per student and \$200 per chaperone due by August 12th.

_____ I do NOT want my child to attend the above field trip.

_____ I am available to chaperone on this field trip (*sponsoring teachers will contact you if you are selected to chaperone*)

Parent Signature: _____ **Date:** _____



ACTIVITY PERMISSION RELEASE & LIABILITY WAIVER

Participant's Name _____ Birth Date _____
Street Address _____ City _____ Zip _____

EMERGENCY INFORMATION

Father's Name _____ Home Phone (____) _____ Cell/Bus Phone (____) _____
Mother's Name _____ Home Phone (____) _____ Cell/Bus Phone (____) _____
Father's Email _____ Mother's Email _____

In an emergency when parent/guardian cannot be reached or is not applicable, please contact the following:

Name _____ Home Phone (____) _____ Cell/Bus Phone (____) _____
Name _____ Home Phone (____) _____ Cell/Bus Phone (____) _____

Allergies _____

Other Medical Conditions _____

Physician _____ Phone (____) _____

Medical/Hospital Insurance Company _____ Phone (____) _____

Policy Holder's Name _____ Policy Number _____

THIS AUTHORIZATION FOR ACTIVITY RELEASE & EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.

I HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge Gilbert Christian Schools, Inc. and its agents, employees, officers, directors, affiliates, successors and assigns, of and from any and all claims demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I or CHILD ever had or may have, arising from or in any way related to CHILD'S participation in any of the events or activities conducted by, on the premises of, or for the benefit of, Gilbert Christian Schools, Inc. provided that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct. On behalf of myself, CHILD, my heirs, assigns and next of kin, I and said CHILD waive all claims for damages, injuries and death sustained to me or my property, that I or said CHILD may have against the aforementioned released party to such activity.

By this Waiver, I, on behalf of said CHILD, assume any risk, and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with Gilbert Christian Schools, Inc. including but not limited to engaging in training at the facility, using the facility and its equipment, practicing and/or engaging in games, tournaments, house leagues or other related activities on and off the premises.

The provision of this WAIVER AND RELEASE will continue in full force and effect even after the termination of the activities conducted by, on the premises of, or for the benefit of, Gilbert Christian Schools, Inc. whether by agreement, by operation of law, or otherwise.

I have read, understand and fully agree to the terms of this WAIVER AND RELEASE. I understand and confirm that by signing this WAIVER AND RELEASE said CHILD and I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law.

Parents/Guardians Signature _____ Date _____