



TMS Field Trip Permission Form

Destination: **Neighborhood Excursions (Including nearby parks and German Mills Creek behind TMS)**

Purpose of trip: Various

Date(s): Various

Class(es): All classes

Departure time: To be determined

Teacher(s) in charge: Classroom Teachers

No. of teachers on trip: 2

Parent volunteers on trip: No

Dress requirements: Outdoor/Weather Appropriate

Special activities:

We, the undersigned parents/guardians of _____, give permission for our child to attend and participate fully in the above field trip, including all recreational and educational activities during the period of the field trip.

The risk of injury exists in every field trip activity. However, due to the very nature of some activities, the risk of injury may increase. The safety and well-being of students is a prime concern and attempts are made to manage as effectively as possible the foreseeable risks inherent in field trip activity. Injuries may occur to students through no fault of TMS, TMS staff, a transport carrier, or a facility at which such activities take place. Participants must voluntarily assume these risks.

TMS does not provide any accidental death, disability, dismemberment or medical expense insurance on behalf of students or parent volunteers participating in field trips.

We agree to release and indemnify TMS, its directors, officers, agents, employees and volunteers from any and all claims for damages or other amounts arising directly or indirectly from any accident, illness, injury or any other reason as a result of the student's participation in the field trip activities, where reasonable care and supervision of students was undertaken by school staff.

We agree and understand that in the event of an accident or illness occurring to our child, TMS will make every reasonable attempt to contact the undersigned. If, however, we cannot be reached, we hereby give TMS, its directors, officers, agents, and/or employees authority to act on our behalf in case of an emergency and to take appropriate steps to have a doctor or other medical personnel attend upon our child.

Student Name: _____

Student Signature: _____

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date