

Yearly Field Trip and Liability Release Form
School Year 2021 - 2022

Name of Student: _____

Address: _____

Name of Parent(s) or Guardian: _____ Phone: _____

Emergency Name and Phone: _____

Medical Insurance Information: Provider: _____

Doctor Name: _____ Policy #: _____ Group #: _____

PARENT / GUARDIAN: PERMISSION & LIABILITY RELEASE

I, the undersigned being the parent / legal guardian of the child named herein do hereby consent to the participation of my child in all Skopos Christian School daily activities and field trips for the current year. This will include all activities both on and off-site, including trips and retreats. I certify that my child is physically able to participate in such activities except as noted on this form otherwise. I also understand that the adult supervisor's reserves the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child. Furthermore, I agree to notify Skopos Christian School about any changes to the information provided on this form. I understand all reasonable safety precautions will be taken by the leaders and staff. I hereby acknowledge my awareness that participation may expose my child to risk of property damage and bodily or personal injury, including injuries that may prove fatal. I understand that the risks my child may be exposed to include, but not limited to: motor vehicle accidents, injury from falls, drowning, exposure to inclement weather, exposure to cold water, injury from animal or insect bites, cuts and abrasions from normally occurring elements, illness, as well as any and all risks that may not be foreseeable. I agree that I will discuss with my child the importance of following all directions of the staff or leader(s) and for the sole consideration of Skopos Christian School arranging for my child to participate in all activities occurring in the current year. I hereby release and discharge Skopos Christian School, its officers, agents, volunteers and employees from any and all claims, demands, rights, and causes of action of whatever kind that I may have, either in my own behalf or in my capacity as legal representative of my child, arising from or in any way connected with my child's participation in these activities.

Signature of Parents:

Print Name: _____ Signature: _____

Date: _____

Student Agreement:

I agree to abide by the policies and rules set forth by the staff and leader(s) of the school. If I have difficulty doing this, I understand that the staff or leader(s) may call my parents, which may result in me having to return home early, at my parents' expense. – Pre-K and Kindergarten children may not be able to print name.

Print Name: _____ Signature: _____

Date: _____