

FIELD TRIP PERMISSION FORM



Christian Academy
SCHOOL SYSTEM

STUDENT NAME: _____

DATE OF ACTIVITY: Sunday, December 4, 2016

DESTINATION: State FB Finals in Bowling Green, Kentucky

PARTICIPANTS: High school students

DEPARTURE TIME: 10:00am PROMPTLY RETURN TIME: Approx. 7:00pm

TRANSPORTATION: Coach Bus

LUNCH: Purchase at the stadium, bring \$\$'s

COST: \$25 (includes entrance to game) NO REFUNDS FOR WEATHER

DRESS CODE EXPECTATIONS: Outside game, dress for warmth and CAL spirit!

ADDITIONAL DETAILS: The bus WILL NOT be stopping on the way down or back

MEDICAL RELEASE

I. Please read this Student Registration Form closely and make sure you understand it completely. This form is intended to: (1) Obtain background information and any medical or other information particular to the Student which should be made known to Christian Academy School System; (2) Obtain the consent of the Student, or if the Student is a minor, the parent(s) or legal guardian(s) (hereinafter referred to as "Parent") for Christian Academy School System to obtain necessary medical attention in case of sickness or injury to Student; and (3) Obtain a release, waiver of liability and indemnity agreement for any injury sustained or caused by the Student either at school or in connection with any school-sponsored function or trip.

II. Background of Student and Parent: (please print clearly)

Name of Student _____ Age _____ Date of Birth _____
Address _____ City _____ State _____ Zip _____

In Case of Emergency Notify: _____ Relationship to student: _____
Cell Phone: _____ Work Phone: _____

Parent(s) or Legal Guardian(s):

1) Name _____ Please Circle one: Mother Father Other
Email Address _____ Cell _____ Work _____

2) Name _____ Please Circle one: Mother Father Other
Email Address _____ Cell _____ Work _____

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III. Release, Waiver and Indemnity Agreement

While enrolled at Christian Academy School System, students engage in a wide variety of activities, each which may be associated with certain risks.

The undersigned recognizes the dangers and risks to Student that may be associated with his/her participation in:
Student bus to State FB Finals (hereinafter "Activity".)

The undersigned understands that this Activity, including travel to and from this activity, involves certain risks for physical injury and further understands that there are potential risks of which the undersigned may not presently be aware.

Each of the undersigned assumes all foreseeable and unforeseeable risks associated with travel to, from and within the Activity and releases Christian Academy School System and its agents from any responsibility for such risks. Each of the undersigned acknowledges that carriers, hotels and other suppliers providing services in connection with the Activity (herein after referred to as "suppliers") are independent contractors and are not agents, employees or representatives of, or joint venturers with, Christian Academy of Louisville and release Christian Academy School System from any responsibility for the actions or omissions of such suppliers. Each of the undersigned accepts full responsibility for luggage and other belongings brought by Student on the trip and acknowledge that Christian Academy School System is not responsible for such items.

Each of the undersigned represents that the Parent(s) identified below are the parents, legal custodians or legal guardians of the Student, if the Student is a minor. Each of the undersigned affirms that he or she is mindful of the risks of injury and/or property loss associated with the Activity, and the undersigned assumes full risk and responsibility for any accidents or injuries to the Student. Each of the undersigned represents and warrants that the Student has no physical or mental condition which creates an unusual or undue risk of accident or injury while engaged in event activities.

In consideration for facilitating Student's participation in the Activity, Student (or Guardian) further agrees to indemnify and hold harmless Christian Academy School System and any of its officers, directors, agents, servants, affiliates, and employees for any claim of personal injury, property damage, or other losses arising out of or in any way related to Student's presence at and/or participation in the Activity (including travel to and from the Activity), whether caused by negligence Christian Academy School System, its employees, officers, directors, agents, servants, affiliates, or other persons or entities conducting or sponsoring the Activity, or otherwise. The undersigned further agrees that should there be any injury or illness to the Student, Student's health insurance shall be the carrier primarily responsible for Student's medical expenses.

In the event of a perceived medical emergency, the undersigned hereby grants permission for Christian Academy School System to obtain necessary medical treatment in case of sickness or injury to Student. Medical treatment means any medical, chiropractic, optometric, or dental examination, diagnostic procedure, and treatment, including but not limited to hospitalization, radiology services, pharmacy services, and blood testing. This authorization is intended to, and does hereby, grant to Christian Academy School System full power and authority to do and perform each and every act and thing whatsoever requisite, necessary and proper to be done as we might or could do if personally present, hereby ratifying and confirming all that Christian Academy School System shall do or cause to be done by virtue of the authority granted hereby.

The undersigned agree and understand that if any provision hereof is held to be invalid for any reason whatsoever, the remaining provisions shall not be affected thereby. If such provision may be modified or reformed so as to be valid, then the provision shall be deemed to be so modified or reformed so as to be enforceable. This contract shall be interpreted according to Kentucky law.

Student

Date

Parent/Legal Guardian

Date