



FIELD TRIP PARENT/GUARDIAN CONSENT FORM + LIABILITY WAIVER

_____ is a student at Sound Christian Academy that plans to attend the off-campus College Visit MOTUS Inspire event. This event is planned for Thursday, February 2, 2023 from 8:30am to 2:45pm.

Food: _____ Please bring a packed lunch as food will not be available for purchase

Attire: _____ Make sure to wear comfortable walking shoes!

Parent/Guardian Consent and Agreement

As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor participant. I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend Sound Christian Academy, its officers, directors and agents, chaperones, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the school, its officers, directors and agents, and the corporation of Sound Christian Academy, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

I, _____ (name parent/guardian), grant permission for my child, _____ to participate in this school-sponsored event that requires transportation to a location away from the school site. This activity will take place under the guidance and direction of school employees and/or volunteers from Sound Christian Academy. I also understand that the school will provide transportation, and I give permission for the school to transport my child.

Medical Matters + Emergency Medical Treatment

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. In the event of an emergency, the school will attempt to contact me at the number provided below. *In the event the school is unable to contact me, please contact the following individual :*

Name : _____ Phone: _____

Relationship: _____

Parent/Guardian Signature

Emergency #

Date

Note: For students who require medications during the trip, please be get a doctor's note and medication to the school office prior to the event to ensure that all appropriate documentation is completed.