

ANNUAL FIELD TRIP RELEASE FORM

2011-2012

Riverfront Christian School
Little Sheep Preschool
55 E. Strasburg Road
Front Royal, VA 22630
(540) 635-8202

Student's Name: _____

This form will be on file at the school office for the current school year.

Students will have the opportunity to go on field trips throughout the year. A field trip permission form for each specific trip will be required for the student to participate. The teacher will take a copy of this form on each field trip as well. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I may revoke permission for a specified field trip by checking "No" on that particular field trip permission form.

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in these events, I/we agree to assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Riverfront Christian School/Little Sheep Preschool, its affiliated organizations, employees, and representatives including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me/us. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatments, and hospital care, which, in the best judgement of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation. ***If the child lives with both parents, the release must be signed by both parents/guardians***

Father's/Guardian's Signature Date Mother's/Guardian's Signature Date

Father's/Guardian's Printed name Mother's/Guardian's Printed Name

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