

PENN-HARRIS-MADISON SCHOOL CORPORATION - FIELD TRIP WAIVER

Field Trip or Event Name: _____ (the "Event")

The undersigned recognizes that participation in the Event has a certain degree of risk, and I knowingly and voluntarily assume the risk of any injuries and all risk of damage to or loss of property which I/my child may incur.

I, on my own behalf and on behalf of my child hereby waive, release, hold harmless and forever discharge the Penn-Harris-Madison School Corporation, its staff and volunteers, from any liability or claims arising out of any loss, personal injury, or property damage which may occur during participation in this Event. If my child would become injured, I give permission for my child to receive appropriate medical attention at the nearest medical facility. I also understand that if my child should be injured I am required to travel to the medical facility administering care to pick up my child. I have adequate health/hospitalization insurance to cover such injuries that may occur during the Event. I further understand that any medical treatment will be provided at my expense (or that of my insurer) and that Penn-Harris-Madison School Corporation and/or its affiliates will not be in any way responsible or liable for costs and fees related to such medical treatment.

This Field Trip Waiver may not be modified without the express written consent of the Penn-Harris-Madison School Corporation.

Student Name (printed) _____

Parent Name (printed) _____

Daytime Phone Number _____

Signature of Parent/Guardian: _____ Date: _____

Emergency Information: In case parent/guardian cannot be reached, please contact:

Name:	Phone Number:	Relationship to the Student:
Name:	Phone Number:	Relationship to the Student:

MEDICATION. In order for your child to receive or use medication during the Event, please obtain a Medication Authorization Form from the teacher sponsoring the field trip. The form must be completed and returned with the appropriate signatures.