



DOMINION ACADEMY OF DAYTON

School Field Trip Participation Parent Permission and Release of Liability

Staff Member in Charge of Event: _____ Phone: _____

Name of Student: _____

Name of Event and Destination: _____

Date & Time of Departure: _____

Date and Anticipated Time of Return: _____

Method of Transportation: Driving: _____

Teacher Notes: _____

Student Cost \$: _____

The above student is eligible to participate in the above school-sponsored event that may require transportation to a location away from school grounds. This activity will take place under the guidance and supervision of a school designated adult leader.

If you would like your child to participate in this event, please read, complete, sign and return this form which includes your consent, as well as a full release of liability. As parent or legal guardian, you remain fully responsible for any acts of the named student during this activity.

The undersigned parent, guardian or legal representative hereby consents to the participation of the above-noted student in the event described and further consents to the conditions stated above on participating in this event, including the method of transportation.

For and in consideration of the student being allowed to participate in this event, and other valuable consideration, the undersigned parent, guardian, or legal representative, on behalf of the student and the student's parents, personal representatives, assigns, heirs, and next of kin, does hereby release and hold harmless Christ the King Reformed Episcopal Church, Dominion Academy of Dayton, its school board members and employees, agents, volunteers, and providers of transportation (including those who provide vehicles reasonably determined to be appropriate for the above activity), engaged in this particular event, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property of the student, or death caused by negligence or otherwise, while the student is engaged in the above-stated event or in transportation to and from said event. The undersigned expressly agrees that this release, waiver and indemnity Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Ohio, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned parent, guardian, or legal representative understands that in case of emergency, every reasonable effort will be made to contact him/her. The undersigned parent, guardian, or legal representative, in the event that he/she cannot be so reached, hereby gives permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication to the student noted above.

Signature of Parent/Guardian

Date

This form must be turned in to the Staff Member in charge of this field trip no later than 8:00 a.m. on the day of the trip.

Revised May 17, 2017