

**FIELD TRIP PERMISSION & WAIVER OF LIABILITY FORM
FOR ANY & ALL FIELD TRIPS AND ACTIVITIES**

SPACE IS LIMITED, SIGN UP TODAY

CALL ADRIAN TODAY @ 415-424-2980

- **I, the undersigned, give permission for my child to participate in the field trips with the Village Project. I waive any claim of liability against, and agree to hold harmless The Village Project and any officer, agent, volunteer and/or employee thereof from any claim of injury to participant arising out of or in any way connected with this trip or activity offered by The Village Project.**
- **Further, if said participant should become injured while participating in a program or field trip, I authorize transportation to any physician or surgeon licensed in the State of California to perform emergency or surgical treatments, which, in his or her judgment, may be necessary.**
- **I also give my permission for any photograph, videotape, film, audio-tape or writing of said participant, obtained during normal Village Project activity hours to be used in informational materials for The Village Project and or its affiliates.**
- **I also give permission for my child to use transportation arranged for the purpose of this field trip.**

MEDICAL INFORMATION

PARTICIPANT'S NAME _____ **PHONE** _____

DOES YOUR CHILD HAVE MEDICAL INSURANCE? YES _____. **PLEASE PROVIDE NAME OF INSURANCE CARRIER:** _____

DOES YOUR CHILD HAVE ANY MEDIAL CONDITION (ASHMA, ALLERGIES HEART CONDITION, SEIZURES)? NO: _____; **YES:** _____ **(EXPLAIN)**

Name of Parent _____ **Phone** _____

Email: _____

Signature _____ **Date** _____

