



FIELD TRIP PERMISSION, MEDICAL RELEASE, & WAIVER OF LIABILITY

I, the parent/legal guardian of _____ give my permission for my child to fully participate in the
(child's full name)
following Washtenaw Audubon Society (hereafter "WAS")-sponsored field trip:

Date(s) of trip: _____

Destination(s): _____

MODE(S) OF TRANSPORTATION: _____ Private Vehicle _____ Walking _____ Other (specify: _____)

Phone number(s) where the parent/legal guardian can be reached during the trip: (_____) _____, (_____) _____

If I cannot be reached, please contact (name) _____, (relationship) _____

at (telephone) (_____) _____ or (_____) _____.

Medical conditions or allergies of which the trip leaders should be aware and medications needed by the participant while on the
field trip: _____

I understand that my child will be participating in the above listed field trip, and give my permission for his/her participation.

I also understand that participation in this field trip may require my child to travel by motor vehicle to and from locations, and that WAS may or may not be providing transportation. As a result, I give permission for my child to travel by motor vehicles for these purposes, including vehicles operated by adults or other participants. I understand that during this field trip, my child is expected to cooperate with, and follow the directions of, the trip leader and drivers. I agree to hold WAS and its officers and agents harmless from all damages, costs, and attorney fees incurred as a result of any injury or damages caused by my child during the course of this field trip.

Permission is given for any emergency medical care which might be deemed necessary by medical personnel. I recognize my responsibility, through appropriate insurance or otherwise, to cover all medical and transportation expenses resulting from illness or injury during this program. I also give permission for a WAS representative to transport or arrange for transportation for my child to the hospital or medical/dental office.

In consideration of my child's being permitted by WAS to participate in the field trip, I agree to indemnify and hold harmless WAS from any and all claims, which arise out of my child's participation in this activity.

I expressly agree and promise, on behalf my child, to assume all risks existing in the WAS field trip and in borrowing WAS equipment. My child's participation is voluntary in spite of all the risks and I agree to release, defend and hold harmless WAS and its officers and agents from any liability for any claims, without limitation, which arise out of my child's participation in this program unless caused by WAS's gross negligence or willful misconduct.

Signature of Parent/Legal Guardian

Date

Please Print Name of Parent/Legal Guardian