

FIELD TRIP RELEASE: 2020-2021 School Year

Cumberland Valley Christian School
600 Miller Street
Chambersburg, PA 17201
717-264-3266

I give my permission for _____, grade _____, to attend the field trip to _____ on _____. Students will be accompanied by a teacher and will be under adequate supervision.

The school desires to provide safe and enjoyable times for all students. Despite the exercise of care, however, mishaps can occur. By signing this form, I acknowledge that there are risks and dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I agree to assume responsibility for those ordinary and reasonable risks associated with travel activities. I agree to hold harmless Cumberland Valley Christian School, its affiliated organizations, employees, agents, and representatives, including volunteers, from any and all claims arising from my child's participation.

This release agreement does not apply to all claims of intentional criminal misconduct or gross negligence by the school, its employees, or volunteers. If intentional or negligent conduct is proven in a court of law, I acknowledge and agree that I will hold harmless Cumberland Valley Christian School, and all its affiliated organizations, for any judgment or financial liability beyond the actual amount of liability insurance in force at the time of the occurrence.

In case of accident, illness, or other emergency, I request that the school contact _____ at this telephone number _____. If the school cannot reach this person or other parent or guardian after conscientious effort, I give permission for school staff to call paramedics or any other health care provider. If a life-threatening emergency exists, I give permission for school staff to call paramedics immediately and then contact the person above as soon as possible thereafter. By the signing of this form, I authorize and consent to an X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care which in the best judgment of the health care provider is deemed advisable. I agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I also agree to be financially responsible for emergency medical transportation and all other costs related or associated with medical treatment.

By signing below, I acknowledge that I have read and understand the rights and responsibilities described in this form. I further acknowledge that I agree to the terms listed above and that I intend to be legally bound by the terms of this document.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date