Illinois State University Laboratory School Annual Field Trip Consent, Release and Waiver

Illinois State University Laboratory School students have the opportunity to participate in field

<u>Section 1</u> (To be completed by field trip leader)

cover the field trips listed below durin	's	grade class.
(teacher's name)	(grade	level)
•	ed for this school	x-climbing wall located inside of Metcalf year, a specific consent and waiver will
Please place an X on the line if your	child has permis	sion to participate in the following:
Please place an X on the line if your Field trip name and date(s)	child has permis	sion to participate in the following: <u>Parent Consent</u>
1 ,	child has permis	. .
Field trip name and date(s)	child has permis	. .
Field trip name and date(s)	child has permis	. .

Section 2 (To be completed by field trip participant)

Although the school desires to provide a safe and enjoyable time for all students, accidents can happen. I/we understand that there are risks/dangers involved with participation in field trips, including the possibility of slips and falls, pinches, scraped, twists and holts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe lifethreatening hazards, and hazards associated with travel to and from the field trip site. In addition, there may be contact with plants, animals or insects that could create hazards such as stings, allergies, and associated diseases.

I, the parent/guardian of a minor student at Thomas Metcalf School, acknowledge that there are certain risks inherent in field trips, including but not limited to those stated above, and that all risks cannot be prevented. I acknowledge that my student is physically able to participate in these field trips, and I hereby grant consent for my student to participate in these field trips.

I understand and hereby acknowledge that my child and I assume all risks incurred by my participation in these field trips. In consideration of being allowed to participate in the field trip, I hereby release The Board of Trustees of Illinois State University, its officers, agents, employees and assigns from liability from any and all claims arising out of or in any way connected with the field trip, including but not limited to the risks as outline above.

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I further understand that I may revoke my consent for a specific field trip by submitting a written notice to the teacher more than one day prior to the trip.

In case of accident, illness, or other emergency, I request that the school contact me. If the school cannot reach me or another emergency contact after conscientious effort, I give permission for school staff to call paramedics or any licensed physician or dentist. In case of a life-threatening emergency, I give permission for school staff to call paramedics immediately and then contact me as soon as possible thereafter.

I am competent to sign this consent release and waiver and have read and understood all to provisions contained in it.

PARTICIPANT:	
(Name of child – Printed)	(Date)
(Name of Parent/Guardian - Printed)	(Signature of Parent/Guardian)