



Maria Montessori Charter Academy *Field Trip Permission Slip*

On **Friday, February 6th** the **Coral students** will be going to the **Extreme Gymnastics** at 3210 Swetzer Road, Loomis, CA . (916) 652-6559

Please fill out the lower portion and return with the fee (**cash or checks to Coral Field Trips**) of **\$4** per child.

Please fill out the lower portion and return to your child's classroom **no later than January 29th** .

Coral Students: We will leave school at **8:30 am** and return by **10:45 am**.

------(cut here and save upper portion for your information)-----

I will / will not* accompany my child, _____ (full name) on the MMCA field trip to Extreme Gymnastics on February 5th.

Parent / Guardian Signature _____
Date

Pre Paid

I have included \$ _____ (CASH) or (CHECK to Coral Field Trips)

I can drive my child and _____ (#) others. My insurance carrier is _____, policy # _____ and license # _____.

* _____ I give permission for my child to be transported in another parent's vehicle. I release and waive Rocklin Unified School District and MMCA from any liability and responsibility incurred by an accident. At the time of the field trip I can be reached at _____. (home, work, cell, or other phone number.)

FIELD TRIP AGREEMENT AND RELEASE OF LIABILITY

I, _____, HEREBY ACKNOWLEDGE that I have voluntarily permitted
(Print Guardian's name)
_____ to participate in gymnastics, dance, parties, classes, Programs and / or other activities under the
(Print Participant's name & age)

direction of Extreme Gymnastics. I AM AWARE THAT GYMNASTICS AND CHEER ACTIVITIES (OR ANY OTHER PROGRAM OFFERED BY OR UNDER THE DIRECTION OF EXTREME GYMNASTICS) ARE HAZARDOUS, AND I AM VOLUNTARILY PERMITTING PARTICIPANT TO PARTICIPATE IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY TO PARTICIPANT THAT MAY RESULT THERE FROM.
In exchange for Participant being permitted by EXTREME Gymnastics to participate in these activities and/or use of their facility, I HEREBY AGREE THAT I WILL NOT MAKE A CLAIM AGAINST OR SUE EXTREME Gymnastics or any of its principals, employees or agents, for injury or damage resulting from negligence or other acts, howsoever caused, by any employee or agent of EXTREME Gymnastics as a result of Participant's participation in any activity under the direction of EXTREME Gymnastics. In addition, I HEREBY ACKNOWLEDGE AND AGREE TO RELEASE, DEFEND, IDENTIFY AND HOLD HARMLESS EXTREME Gymnastics, its principals, employees and agents, and to ASSUME FULL RESPONSIBILITY FOR ANY LOSS OR DAMAGE AND FOR ANY CLAIM, LAWSUIT, OR DEMAND FOR LOSS OR DAMAGE, on account of any injury to Participant, whether caused by the activity under the direction of EXTREME Gymnastics. Should it be necessary, in the opinion of a member of the staff of EXTREME Gymnastics to render such aid and assistance.
I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE OF LIABILITY AND FULLY UNDERSTAND Its CONTENTS.

Signed: _____ Dated: _____

Phone #: _____ Cell #: _____