



Hutchison  
School Trip Permission Form

**Faculty/Staff** fill out Section 1 (except for Student Name)

**Parent/Legal Guardian** fill out Student Name in Section 1, then fill out Sections 2, 3, and 4.

**1. Trip Information**

**Student's Name:**

Name of Trip: 10th Grade Leadership Retreat

Date(s) of Trip: September 8th-10th

Class/Organization: 10th Grade

Teacher/Chaperone: Katy Nair, Gretchen Gintz and 10th Grade Advisors

Destination: Horseshoe Canyon Ranch

Departure Time(s): 7 AM on Sept 8th

Arrival Time(s): 6:30 PM on Sept 10th

Bring Lunch

Bring Lunch Money

Bring Other Money \_\_\_\_\_

**Method of Transportation: Please check one: Chartered Bus**

**2. Parent Approval for Trip**

As parent/legal guardian, I give permission for \_\_\_\_\_ (student name) to attend this school trip. I understand that all school rules will apply and that the chaperones have full jurisdiction over my daughter's schedule. I understand that the trip will be chaperoned by Hutchison School Faculty/Staff.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**3. Family Information:**

Student's Date of Birth:

Home Address:

City, State, Zip

Home Phone #

Mother's Name:

Work #:

Cell #:

Father's Name:

Work #:

Cell #:

**Emergency Contact Other Than Parent:**

Name:

Relationship:

Home #:

Work #:

Cell #:

**Medical Insurance Information:**

Insurance Company Name:

Policy #

Group #

Name of Insured:

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#### 4. Parent Approval for Medication/Medical Treatment

The undersigned agrees to release, indemnify and hold harmless Hutchison School, its employees, or representatives from any claim, liability or expense arising out of or in any way connected with the giving or failure to give prescribed medicine to my daughter and/or verifying that she took her medication. It is the student responsibility to take all medication as prescribed or directed. This release and indemnity agreement includes claims based on alleged negligence on the part of Hutchison School or its employees. In addition, I authorize Hutchison School personnel to obtain medical treatment for my daughter in the event of an emergency.

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Parent Signature

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Date

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#### List of Medications

In case of emergency, we would like to be able to inform medical personnel of the medication your daughter is taking. Each student will be responsible for taking her medication(s) as prescribed by her physician(s).

Name of Prescription Medication	Dosage	Time of Dosage	Initial
1.			
2.			
3.			

Over the counter medication. Each student will be responsible for taking over the counter medication(s) as directed

Name of O-T-C Medication	Dosage	Time of Dosage	Initial
1.			
2.			
3.			

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**Allergies, Medical Conditions, and other Important Medical Information:**

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# **ACKNOWLEDGEMENT OF RISK OF PERSONAL INJURY AND WARNING NOTICE AS REQUIRED BY ARKANSAS STATUTES AND LAW**

As guests of Horseshoe Canyon Ranch, you and every member of your family acknowledge and accept and assume the risk of personal injury while participating in various recreational activities and agree to attend a talk given by management at which time Ranch safety policies regarding recreational activities will be explained.

**EQUINE ACTIVITIES: Under Arkansas law, an equine activity sponsor is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risk of these activities pursuant to Arkansas Code Annotated §16-120-201 et seq. Equine activities involve any use of a horse, pony, mule, or donkey in any capacity. Pursuant to Arkansas Code Annotated §16-120-202, the Horseshoe Canyon Ranch shall not be liable for any injury or death of a participant resulting from the inherent risks of equine activities.**

**RECREATIONAL ACTIVITIES: Under Arkansas law, an owner of property used for recreational purposes and activities does not assume responsibility for, or incur liability, for any act or omission which causes injury to any person or assume responsibility for injury to any person caused by any natural or artificial condition, structure or personal property on the land. Arkansas Code Annotated §18-11-302 et seq.**

**I ACKNOWLEDGE THAT OUTDOOR RECREATIONAL ACTIVITIES HAVE INHERENT RISKS, HAZARDS, AND DANGERS FOR ANYONE THAT CANNOT BE ELIMINATED, PARTICULARLY IN A WILDERNESS ENVIRONMENT. I UNDERSTAND THAT THESE RISKS, HAZARDS, AND DANGERS INCLUDE WITHOUT LIMITATION:**

- Horseback riding and rock climbing;
- Water hazards in fishing, swimming, canoeing and wading in the rivers, ponds, hot tubs, and swimming pools, including drowning;
- Hiking, climbing (including rock climbing), biking, rappelling, spelunking;
- Encounters with wildlife, animals, snakes, livestock and insects;
- Temperature extremes and rough conditions on the property;
- Inclement weather conditions, and unavailability of immediate medical attention in the wilderness in case of injury;
- **Climbing risks include, but are not limited to: falling; collisions with both manmade and natural objects; falling rocks, ice and other debris; failure of equipment, anchors; adverse weather; human error; slippery surfaces; negligence of other users.**
- **Any other activity undertaken for exercise, education, relaxation or pleasure on the property of Horseshoe Canyon Ranch including viewing or enjoying historical, archeological, scenic or scientific sites which may be found on the property.**

**I UNDERSTAND AND ASSUME THE LIABILITY FOR THESE RISKS,  
HAZARDS, AND DANGERS WITHOUT LIMITATION**

Permission to rock climb or horseback ride or use the property for any and all recreational purposes here is conditioned, solely and completely, upon your assumption of all risk of injury to person and ALL personal property (INCLUDING DAMAGE TO VEHICLES BY LIVESTOCK).

**WARNING - CLIMB OR RIDE HORSES AT YOUR OWN RISK! OBTAIN PROPER TRAINING AND GUIDANCE BEFORE CLIMBING OR RIDING. YOU ALONE ARE RESPONSIBLE FOR YOUR SAFETY! SUBSTANTIAL RISK OF INJURY AND DEATH EXIST! DO NOT CLIMB OR CROSS ANY FENCES OR PROPERTY LINES!!!! YOU WILL BE PROSECUTED AND BANNED PERMANENTLY FROM THE RANCH IF YOU DO SO!!!!**

Please sign below showing that you, as the legal representative of your family, have been informed of the injury risks that could result from recreational activities while guests here and that you and your family assume those risks. Your signature indicates that you have carefully read, clearly understand, and voluntarily sign this waiver and release agreement. **After signing name, please print your name also.** Each person in your party can sign his or her name on the same waiver.

**Date** \_\_\_\_\_

_____ Signature	_____ Print Name
_____ Signature	_____ Print Name
_____ Signature	_____ Print Name
_____ Signature	_____ Print Name
_____ Signature	_____ Print Name