



VOYAGERS FIELD TRIP PERMISSION FORM

I, _____, of _____, request that
(Name / Relationship) (Child's Name)
my child attend and participate in the following field trips and authorize medical treatment in case of emergency.

Thursday, June 26	Natural History Museum of Los Angeles
Tuesday, July 1	Zimmer Children's Museum
Thursday, July 3	Kidspace, Pasadena
Tuesday, July 8	Children's Nature Institute, Franklin Canyon
Thursday, July 10	Hollywood Bowl, Summer Sounds
Tuesday, July 15	Roundhouse Aquarium
Thursday, July 17	IMAX –Island of Lemurs
Tuesday, July 22	Santa Monica Museum
Thursday, July 24	Watts Towers
Tuesday, July 29	LACMA
Thursday, July 31	UCLA Sculpture Garden

Need: Sack lunch, sunscreen, and walking shoes

The field trip will be by rented school bus(es) with hired drivers. Although we always strongly request seatbelts, there is no guarantee the equipment will be available. It is understood that in all matters relating to the operation of the school and all school-sponsored activities, the school through its agents and employees stands in loco parentis to the student. The following information will accompany the faculty and children on the trip:

Emergency contact(s): Name _____ Telephone Number _____

Additional contact(s): Name _____ Telephone Number _____

Are there any medication or physical conditions that the school should be aware of in dealing with the student on this trip?

If so, have you signed the medical release form? YES / NO

WAIVER, RELEASE AND INDEMNITY AGREEMENT

In consideration for permitting the student named above to participate in the above described activity, I, for myself, my child, (and my spouse), as the parent or legal guardian of the student named above, hereby voluntarily release, discharge, waive and relinquish all claims that each may have against The Center for Early Education, its officers, agents and employees, arising out of or in any way related to the above described activity, including but not limited to, claims for bodily injury, personal injury, emotional distress, property damage or wrongful death occurring to the student arising out of the stated activity. This release, discharge, waiver, and relinquishment also pertains to any instruction or supervision related to the activity on the part of The Center for Early Education, its officers, directors, trustees, employees and agents.

The student and the parent(s)/guardian(s) further agree that in the event any one of them makes a claim against The Center for Early Education, its officers, directors, trustees, employees or agents, arising out of or in any way related to the above described activity, including but not limited to a claim for bodily injury, personal injury, emotional distress, property damage and/or wrongful death arising out of or participation in the activity, then such student, parent and/or guardian shall defend, indemnify, and hold harmless The Center for Early Education, its officers, agents and employees, from said claim(s).

The parent(s)/guardian(s) acknowledge that they have read this "WAIVER, RELEASE AND INDEMNITY AGREEMENT" and are aware of the legal consequences of signing this binding document.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

