

Tightly laced tennis shoes or bare feet are required to jump.

California Montessori Project
Field Trip Permission/Emergency Information

Due with Specified Payment by Wed. 5/25

Payment:

Cash: \$ _____

Check: # _____

Verified: _____
Coordinator's initials

Classroom: Aquamarine + Garnet Field Trip Destination: Sky High / Miwok Park

Date: 6/8/11 Departure Time: 9:00 Return Time: 1:15 Lunch: (Please pack a disposable lunch and a water bottle)

Check one: Siblings not permitted: Siblings permitted (fill out Release of Liability form): _____
(Reminder: Siblings enrolled in CMP are expected to be in attendance in their own classrooms)

Cost per Student: \$ 7.00 Cost per adult: \$ 7.00

**CMP Policy provides that no student shall be excluded from a field trip for financial reasons. If this cost presents a financial hardship, please speak with your child's teacher or principal regarding arrangements for scholarship assistance.*

Student Information: My child, _____, has my permission to participate in the field trip listed above and to be transported by a CMP parent volunteer.

____ My child requires a car booster seat! (required for child under 60 lbs. &/or 6 years old). Parents to leave seat with teacher.

Parent Information: Parent/Guardian Name(s): _____

Home #: _____ Work #: _____ Cell #: _____

____ **Yes, I will participate in the field trip, and can accompany my child, plus** ____ children in my car with seat belts. (I have successfully completed my Live Scan and TB testing and have turned into the school office my driving report and insurance information).

____ **I am unable to participate in this trip.**

AUTHORIZATION TO TREAT MINOR: In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to the school staff or designated parent supervisor to secure proper treatment for my child. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services.

Parent Signature: _____ Date: _____

Important Notice: California Law provides as follows: All persons making the field trip or excursion shall be deemed to have waived all claims against the school, district, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion (Education Code Section 35330).

EMERGENCY INFORMATION: MUST BE COMPLETED to accompany your child's chaperone/driver

Print Name(s) of Parent/Guardian: _____

Parent/Guardian Work Phone: _____ Pagers, Cell Phones: _____

Additional Emergency Contact Person/Relationship: _____

Phone Number(s): _____

Additional Emergency Contact Person/Relationship: _____

Phone Number(s): _____

Physician/Health Insurance Name: _____

Policy Number: _____ Phone: _____

Student's Critical Medical Needs/Allergies/Conditions: _____

Sky High Sports Customer Release of Liability and Assumption of Risk

In consideration of being permitted by SKY HIGH SPORTS to participate in its activities and to use its equipment and facilities, I hereby agree to **release, indemnify and discharge** SKY HIGH SPORTS, its agents, owners, shareholders, directors, partners, employees, volunteers, manufacturers, participants, lessors, affiliates, its subsidiaries, related and affiliated entities, successors and assigns (the "RELEASED PARTIES"), on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in SKY HIGH SPORTS trampoline games entail known and unknown risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: Trampoline entails certain risks that simply cannot be eliminated without jeopardizing the essential qualities of the activity. Trampoline exposes its participants to the usual risk of cuts and bruises. Other more serious risks exist as well. Participants often fall off equipment, sprain or break wrists and ankles, and can suffer more serious injuries as well. Traveling to and from trampoline location raises the possibility of any manner of transportation accidents. Double bouncing, more than one person per trampoline, can create a rebound effect causing serious injury. Flipping and running and bouncing off the walls is dangerous and can cause serious injury and must be done at the participants own risk. Similar risks are also inherent in using the Foam Pit. In any event, if you or your child is injured, you or your child may require medical assistance, at your own expense.

Furthermore, SKY HIGH SPORTS employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They may give incomplete warnings or instructions, and the equipment being used might become loose, out of adjustment, or malfunction. There is also a risk that SKY HIGH SPORTS employees may be negligent in, among other things, monitoring and supervising use of its equipment and facilities and in the maintenance and repair of its equipment and facilities.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. **I hereby voluntarily release, forever discharge, and agree to defend, indemnify and hold harmless RELEASED PARTIES from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of SKY HIGH SPORTS equipment or facilities, including any such claims which allege negligent acts or omissions of RELEASED PARTIES.**
4. Should SKY HIGH SPORTS or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage that I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition that I may have.
6. In the event that I file a lawsuit against SKY HIGH SPORTS, I agree to do so solely in the state of California and I further agree that the substantive law of California shall apply in that action without regard to the conflict of the law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.
7. I agree as an adult participant, or the Parent/Legal Guardian of a minor participant, in consideration of being permitted to participate at SKY HIGH SPORTS, grant SKY HIGH SPORTS, its parent subsidiaries, related and affiliated entities, officers, directors, partners, shareholders, employees, agents, successors and assigns, the irrevocable right and permission to photograph and/or record me or my child(ren)/ward(s) in connection with SKY HIGH SPORTS to use the photograph and/or recording for all purposes, including advertising and promotional purposes, in any manner in any and all media now or hereafter known, in perpetuity throughout the world, without restriction as to alteration. I waive any right to inspect or approve the use of the Photograph and/or Recording, and acknowledge and agree that the rights granted to this release are without compensation of any kind. All Photographs and/or Recordings are exclusive to SKY HIGH SPORTS.
8. **I agree that if the participant is a minor, this Release of Liability and Assumption of Risk agreement is made on behalf of that minor participant and that all of the releases, waivers and promises herein are binding on that minor participant. I represent that I have full authority as Parent or Legal Guardian to bind the minor participant to this agreement.**
9. **I agree that if the participant is a minor, I further agree to defend, indemnify and hold harmless SKY HIGH SPORTS from any and all claims or suits for personal injury, property damage or otherwise which are brought by, or on behalf of the minor, and which are in any way connected with such use or participation by the minor, including injuries or damages caused by the negligence of RELEASED PARTIES, except injuries or damages caused by the sole negligence or willful misconduct of the party seeking indemnity.**

By signing this document, I acknowledge that if anyone is hurt or property damaged during my participation in this activity, I may be found by a court of law to have waived my or the minor participant's right to maintain a lawsuit against SKY HIGH SPORTS or any RELEASED PARTIES on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Print Name of Participant _____ Birth Date _____
Address _____ City _____ State _____ Zip _____
Email _____ Phone _____
Emergency Contact _____ Phone _____ Relation _____

IF THE PARTICIPANT IS A MINOR

Print Name of Parent or Legal Guardian of Minor _____
Address _____ City _____ State _____ Zip _____
Email _____ Phone _____

Signature _____ Today's Date _____
(Participant or Parent/Legal Guardian if under age of 18)