

California Montessori Project
Field Trip Permission/Emergency Information

Payment:
Cash: \$ _____
Check: # _____
Verified: _____
Coordinator's initials

Due with Specified Payment by September 16, 2011

Classroom: Ruby, Emerald, Onyx Field Trip Destination: Rocknasium / Davis, CA

Date: 10/7/11 Departure Time: 8:45am Return Time: 3:00pm 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: \$ 38.00 Cost per adult: \$ 0
**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: _____

PARTICIPATION AGREEMENT RELEASE, AND ACKNOWLEDGMENT OF RISK
ROCKNASIUM THE CLIMBING GYM 530-757-2902, FAX 530-757-7630

In consideration of the services of ROCKNASIUM, the building owner Olive Drive West a CA G.P., its agents, owners, officers, employees, and all other persons or entities acting in the capacity on its behalf (hereinafter referred to as "ROCKNASIUM"), I hereby agree to release and discharge ROCKNASIUM, on behalf of myself, my heirs, assigns, personal representative and estate as follows:

1. I understand and acknowledge that the activity I am about to engage in bears known risks and unanticipated risks that could result in injury, death, illness, disease, emotional stress, or damage to myself, to property or to third parties. The following describes some but not all, of those risks: climbing on, or falling off, the artificial climbing structures, falling to the ground, on other users or being fallen on by other users, abrasions from the walls, ropes, pads, or the floor, equipment failure, belay failure, or climbing out of control or beyond one's personal limits.
2. I expressly agree and promise to accept and assume all of the risks existing in the activity. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify ROCKNASIUM from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity, including those allegedly attributable to the negligent acts or omissions or ROCKNASIUM.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT IF ANYONE IS HURT OR PROPERTY IS DAMAGED DURING MY PARTICIPATION IN THIS ACTIVITY, I WILL HAVE NO RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST ROCKNASIUM, IT'S AGENTS, OWNERS, OFFICERS, EMPLOYEES, OR ANY OTHER PERSON OR ENTITY ACTING IN ANY CAPACITY ON ITS BEHALF EVEN IT THEY OR ANY OF THEM NEGLIGENTLY CAUSED SUCH INJURY OR DAMAGE.

4. Should ROCKNASIUM, or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and reimburse them for such fees and costs.
5. I certify that I have health, accident and liability insurance to cover any bodily injury or property damage I may suffer while participating in this event, or else I agree to bear the costs of such injury or damage myself.

My signature below indicates that I have had sufficient opportunity to read this entire document, that I have read it, and that I understand it, and that I understand it affects my legal rights; I agree to be bound by its terms.

Print Participant's Name: _____ Birth Date _____

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Print Participant's Name: _____ Birth Date _____

Address: _____
City: _____ State: _____ Zip: _____
Phone (____) - _____

Signature of Participant (or Parent): _____ Date: _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION
(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name)
being permitted by ROCKNASIUM to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless ROCKNASIUM from any and all Claims that are brought by, or on behalf of the Minor, and which are in any way connected with such use or participation by the Minor.

Signature of Parent or Guardian: _____ Date: _____
Print Name: _____



Registration Form, Release of Liability and Assumption of Risk Agreement

Participant's Name	Birthdate	Address	City, Zip Code	Home Telephone

Activity: _____

Date(s): _____

Class/Teacher: _____

Location: _____

AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the California Montessori Project Charter School (hereinafter CMP) to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death or property damage which I or my child may have, or which hereafter may accrue to me or my child, as a result of participation in said activity. This release is intended to discharge in advance the California Montessori Project (CMP), its officers, employees, and agents, from and against any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons and CMP (or its officers, employees, or agents). It is understood that this activity involves an element of risk and a danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and hold the above persons and entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity.

PARENTAL CONSENT: (to be completed and signed by parent/guardian if participant is under 18 years of age)

I hereby consent that my son/daughter, participate in the above activity, and I hereby execute the above waiver, agreement, and release in his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CALIFORNIA MONTESSORI PROJECT AND I SIGN IT OF MY FREE WILL.

Parent/Legal Guardian (Please print) _____ Signature _____ Date _____

Daytime Phone _____ Cell Phone _____ Email _____

 Participants and parents/legal guardians hereby agree to abide by all rules, regulations and policies of CMP; and to follow the instructions of the CMP staff in charge of this activity.

Parent/Legal Guardian Signature _____ Student Signature #1 _____ Date _____

Student Signature #2 _____ Student Signature #3 _____ Date _____