



STUDENT TRAVEL (FIELD & ACTIVITY TRIP) PERMISSION & WAIVER OF LIABILITY AND ASSUMPTION OF RISK

I hereby acknowledge that I am the lawful parent or legal guardian of (student name) _____. Temple Beth Shalom's "Underground Las Vegas" program involves transportation via parent provided carpools to destinations all around the city.

I hereby expressly relieve, indemnify, save, hold harmless, and agree to defend Temple Beth Shalom, Judy and Ronald Mack School of Religious Studies, Sandra and Stanley Mallin Early Childhood Center, its board members, and all its volunteers, agents or employees thereof from and against any and all liability or claims arising from injury or damage, including property loss or damage, suffered or incurred by my child/ward as a result of acts, omissions, or conduct of any person, including an employee, trustee, volunteer and/or agent of Temple Beth Shalom, Judy and Ronald Mack School of Religious Studies, Sandra and Stanley Mallin Early Childhood Center and assume all risk associated with participating in this activity. _____ (initials)

I understand that this activity can involve risk or injury including but not limited to neck and spinal injuries, and injury of bones, joints, ligaments, muscles, and tendons. I also certify that my child/ward has no ailment or organic defect that would make participation in this activity dangerous to his/her health. _____(initials)

I further agree to assume the responsibility of seeing that my child/ward cooperates and conforms to the fullest extent with the directions and instructions of the individual(s) supervising my child/ward. _____ (initials)

I understand it is my responsibility to carry and maintain medical insurance for my child/ward. In the case of an emergency and the parent/guardian cannot be reached, I hereby authorize Temple Beth Shalom, Judy and Ronald Mack School of Religious Studies, Sandra and Stanley Mallin Early Childhood Center or any of its employees, agents, representatives, instructors, coaches, or volunteers to obtain whatever medical treatment they deem necessary for the welfare of child/ward. If the injury or illness is life threatening or my student is in need of emergency treatment, I authorized Temple Beth Shalom, Judy and Ronald Mack School of Religious Studies, Sandra and Stanley Mallin Early Childhood Center or any of its employees, agents, representatives, instructors, coaches, or volunteers to summon any and all professional emergency personnel to attend, transport, and treat the student. I further understand and agree that I will be financially responsible for all charges/fees incurred in the rendering of said treatment even if such charges/fees are not covered by medical insurance. _____ (initials)

Administrative Form 5308

Student Travel Permission Form and Waiver of Liability/Assumption of Risk

Student Full Legal Name: _____

Nick Name: _____

Date of Birth: _____ Gender: ___ Female ___ Male

Medical Treatment Information for Medical Treatment

Allergies to Medications	
Allergies (Other):	
Conditions for which the child is currently receiving treatment:	
Other significant medical information:	

I acknowledge that I have reviewed and understand all of the above, and I hereby consent and give permission for my child/ward to participate in these activities.

I hereby **consent** to allow my child/ward (name), _____, to participate in this field/activity trip and I acknowledge that I have reviewed and understand the above.

Date

Parent/Guardian Name (Please Print)

Parent/Guardian Signature