

Sharon Sokolik & Associates

PERMISSION/WAIVER FORM FOR FIELD TRIP

We the parent(s)/guardian(s) of _____ understand the nature of the trip being planned to: **DELTA FLIGHT MUSEUM** on **June 26, 2022**

Departure Time: **10:00 am** Return Time: **approximately 2:00 pm**

We understand that the transportation will be by: **Sharon Sokolik**

We are in accord with the purposes of and procedures governing the trip and we hereby grant permission for our son/daughter to participate.

We recognize that unanticipated situations and problems can arise on any trip, school-sponsored or otherwise, where situations or problems are not reasonably within control of supervisors. We agree that Sharon Sokolik & Associates are not to be held legally responsible in the event of accident or injury and we will hold Sharon Sokolik & Associates and its employees harmless from any costs, liabilities or expenses related thereto.

In the event that a students must return to home independently for reasons of health, accident, failure to conform to rules established by the person in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

I certify that I am the parent or legal guardian of the above named student and that I have read and understood the foregoing release and waiver and that I, in consideration of Sharon Sokolik & Associate's allowing my child to participate in the activity described above, agree to release and waive any claim or legal cause of action that I might have against them arising out of any act or omission of the Sharon Sokolik & Associates, its employees, volunteers and agents. I further grant my full consent and authorization for my child to engage in this activity

Please check below IF your child has a known sensitivity to:

Bee Sting Nuts Other (please specify) Required medication: _____

Please check below if your child has:

Asthma Diabetes Other conditions (please specify) Required medication: _____

***If medication is required, please be sure that the medication has been explained and provided.**

Parent's Name (please print): _____

Parent or Guardian Signature: _____

Cell number(s): _____

Date: _____