



PERMISSION/WAIVER FORM FOR TRANSPORTATION

I, the parent(s)/guardian(s) of _____ understand the nature of the trip being planned to:
_____ on _____

Departure Time: _____ Return Time: we will text you the pick up time

I understand that the transportation will be by: Sharon Sokolik and Associates

I am in accord with the purposes of and procedures governing the trip and hereby grant permission for my child to participate.

I 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. I agree that Sharon Sokolik & Associates are not to be held legally responsible in the event of accident or injury and will hold Sharon Sokolik & Associates and its employees harmless from any costs, liabilities or expenses related thereto.

In the event that a student must return to home independently for reasons of health, accident, failure to conform to rules established by the person in charge, etc., I 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 or Guardian Name (please print): _____

Parent or Guardian Signature: _____

Cell number(s): _____

Date: _____