



Established 1961

APPLICATION TO PARTICIPATE IN FIELD TRIP/OFF-CAMPUS SCHOOL

ACTIVITY and RELEASE, WAIVER AND CONSENT FOR MEDICAL TREATMENT

STUDENT'S NAME: _____ DATE OF BIRTH: _____

DESTINATION: _____ DATE OF TRIP: _____

PARENT(S)/GUARDIAN(S) NAME: _____

ADDRESS: _____

DAYTIME PHONE #: _____ ALT. PHONE #: _____

EMERGENCY CONTACT NAME: _____

DAYTIME PHONE #: _____ ALT. PHONE #: _____

The above-named Student and the Student's parent(s)/guardian(s) (Student) hereby request permission for the Student to participate in the above-named trip/activity sponsored by Milwaukee Montessori School. In consideration for the Student being given permission to participate in the trip/activity, Student and Student's parent(s)/guardian(s) hereby acknowledge and agree to the terms and conditions set forth below:

1. **Student Conduct**

Student understands and agrees that as a participant in the above-named trip/activity, Student will behave in a manner that will reflect positively on the School, the Student and the Student's family. Student understands that all rules, regulations and policies of the School will be in effect at all times during the trip/activity and Student agrees to abide by all such rules, regulations and policies. Student further understands that the school has the authority to establish additional rules of conduct necessary for the safe operation of the trip/activity during the entire period of the trip/activity and Student agrees to abide by such rules.

2. **Student Participation**

Student acknowledges and agrees that he/she will be engaging in activities that involve risk of injury, which may result not only from their own actions, inactions or negligence, but the action, inaction or negligence of others, or the condition of the premises or any equipment used during the trip/activity. Student and Student's parent(s)/guardian(s) acknowledge and understand that there may be other risks associated with participating in the trip/activity not known or reasonably foreseeable at this time.

3. **Consent of Medication Administration and Medical Treatment**

Student acknowledges and agrees that a Consent for Medication Administration and Medical Treatment must be completed as part of the application to participate in the trip/activity and further acknowledges and agrees that such Consent is incorporated herein by reference. Student and Student's parent(s)/guardian(s) authorize and direct a physician at a Hospital selected by the School or the trip/activity provider to treat and render medical service to Student.

4. **Indemnification**

Student and Student's parent(s)/guardian(s) hereby agree to release, defend, indemnify and hold harmless the School, its officers, directors, employees, agents, servants, representatives, contractors or subcontractors, owners or lessors or premises used to conduct the trip/event (hereinafter referred to as the "Releasees"), from any and all liabilities, claims, demands, actions, damages, loss, expenses and judgments including attorneys' fees, recovered or asserted against the School on account of injury, damage to property, caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise.

The Student and Student's parent(s)/guardian(s) hereby acknowledge that they have carefully read this Application and Agreement, know and understand its contents, that they agree to abide by each of the terms and conditions of the Application and Agreement, and that they have signed it voluntarily and of their own free will.

PARENT/GUARDIAN

By:

Date