



ADAT CHAVERIM RELIGIOUS SCHOOL 2018-2019  
FIELD TRIP PERMISSION AND WAIVER OF LIABILITY FORM

First and last names of children participating in Religious School for the 2018 – 2019 school year:

- 1. \_\_\_\_\_ Grade 18/19: \_\_\_\_\_
- 2. \_\_\_\_\_ Grade 18/19: \_\_\_\_\_
- 3. \_\_\_\_\_ Grade 18/19: \_\_\_\_\_
- 4. \_\_\_\_\_ Grade 18/19: \_\_\_\_\_

**Please initial the statements below and sign at the bottom:**

\_\_\_\_\_ I authorize Adat Chaverim Religious School to use photographs of my child/children for promotional materials, newspaper and newsletter articles.

\_\_\_\_\_ In consideration of the participation of the minor children listed above, for whom I am parent, legal guardian or otherwise responsible, in the religious school program offered by Adat Chaverim, I and my children, heirs, personal representatives or assigns, hereby release and agree to hold harmless all teachers and caregivers, Adat Chaverim, and its trustees, officers, employees, agents and volunteers, from any liability or claim of loss or damage, including but not limited to injury, death, and loss or damage to my property.

\_\_\_\_\_ My child/children, listed above, have my permission to attend field trips organized by Adat Chaverim Religious School. I understand, by signing below, that my child/children will be chaperoned by their Religious School teacher and/or Religious School Director. My child/children will have transportation in a car driven by the Religious School teacher or a volunteer parent. ***I understand that information regarding each Field Trip will be provided to me by the Religious school in advance of the trip*** and that I will provide emergency contact information, if it is not on file.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Print name) \_\_\_\_\_

Relationship to students: \_\_\_\_\_

If I need to be reached during the time my child is on a field trip, the below information should be used:

1<sup>st</sup> Emergency Contact Name: \_\_\_\_\_ Phone Number :(\_\_\_\_) \_\_\_\_\_  
 Cell Number: (\_\_\_\_) \_\_\_\_\_  
 Alternate Number: (\_\_\_\_) \_\_\_\_\_

2<sup>nd</sup> Emergency Contact Name: \_\_\_\_\_ Phone Number :(\_\_\_\_) \_\_\_\_\_  
 Cell Number: (\_\_\_\_) \_\_\_\_\_  
 Alternate Number: (\_\_\_\_) \_\_\_\_\_