



GENERAL AGREEMENT/RELEASE/WAIVER STUDENT ACTIVITY

- My child, _____, has been given the opportunity to participate in a school trip which is being made available to the students of Wesleyan School. In connection with this trip, I fully realize and acknowledge that, as with any activity and as with any mode of air or ground transportation, injuries are a possibility, and I recognize that, on rare occasions, these injuries can be so severe as to result in total disability, paralysis or even death. Realizing such, and in consideration of my child being allowed to participate in this trip on the date(s) and for the period of time specified below:

- (1) I give my express permission for my child to participate fully in said trip;
- (2) I assume all risks, including any risk associated with any special medical needs or conditions of my child, of participation in said trip;
- (3) I authorize, Meg Foster an adult who will participate in said trip to obtain on behalf of my child, at my expense, any necessary emergency medical services which may be required at any time during said trip;
- (4) I certify that I have insurance reasonably sufficient to cover my child against loss of or damage to property, personal injury and loss of life caused to my child or caused by my child in connection with such trip; and
- (5) I agree that all expenses relating to or arising out of any such loss or damage to property, personal injury or loss of life will be my financial responsibility, and my child and I agree to release, hold harmless and indemnify Wesleyan School and its officers, agents, representatives, employees and trustees against any and all claims, liabilities, damages and expenses, including reasonable attorney's fees, with respect to any injury to person, regardless of severity, and or loss of or damage to property of any type relating to or arising out of any activities or occurrences on said trip. I further waive the provisions of any law which provides that a general release does not extend to claims, demands and causes of action not known at the time the release is given.

Activity: _____ Date/Period of Time : _____

- NOTE: Special medical needs or conditions of my child include _____. I have made appropriate arrangements regarding such special needs or conditions.

My medical insurance company is: _____

My policy number is: _____

Emergency Contact phone #: _____

I HAVE READ THIS AGREEMENT/RELEASE/WAIVER CAREFULLY AND UNDERSTAND ITS CONTENTS.

Parent or Legal Guardian

Student

Date