



Field Trip/Adventure Day Waiver 2022-2023

I _____, the parent of _____ (“my child”), give permission for my child to attend any/all field trips and outings that **Roots** plans and participates in for the 2023 school year.

I understand that personal injury can and may occur to my child, and I hereby authorize **Kristin Jones**, or another appointed youth advisor, to seek and consent to emergency medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I hereby release **Roots**, its employees, agents and volunteers, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in or traveling to and from this event.

The following is all of the insurance information, restrictions, allergy, and medication information necessary for my child to receive appropriate medical care.

Health Insurance Provider: _____

Group/Member Number: _____

Family Physicain/Pediatrician : _____

Family Physican/Pediatrician Phone Number: _____

I give permission for my child to ride in any vehicle designated by **Roots**, its employees and adult volunteers, while participating in and traveling to and from these events.

I agree to accept full responisibility, financially or otherwise, for any damage my child may do to the property of **Roots**, properties visited on outing, other's personal property, or vehicles used for transportation.

(Parent Signature)

(Date)

(Emergency Contact 1 Name and Phone Number)

(Emergency Contact 2 Name and Phone Number)