



KDO ACADEMY Field Trip Waiver

Parental/Guardian Consent Form and Liability Waiver

Participant's Name: _____ Birth Date: _____

Parent/Guardian's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Cell # _____ Work # _____

I, (Parent/Guardian) _____ grant permission for
_____ to participate in this field trip event that requires
transportation. This activity will take place under the guidance and direction of employees
and/or volunteers from KDO Academy.

Type of Event: _____

Individual(s) in Charge: _____

Date and time of event: _____

Mode of transportation to and from event: _____

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by
the above-named minor participant.

- I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend the Organizer its officers, directors and agents, and any other representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the Organizer, its officers, directors and agents, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith. Signature of

Parent/Guardian: _____ Date: _____

*****Please complete both pages*****

Medical Matters:

- I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Signature: _____ Date _____

Emergency Medical Treatment:

- In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me at the above numbers, contact:
 -

Name: _____ Relationship: _____

Cell #: _____

Family Doctor Name: _____ Phone: _____

Family Health Plan Carrier: _____ ID # _____

Are there any special medical concerns we should be aware of? _____

Any allergic reactions (foods, plants, insects, etc)? _____

Does the child have any physical limitations? _____

Notes: _____
