



NORTH KIRKWOOD MIDDLE SCHOOL

6TH GRADE FIELD TRIP PERMISSION FORMS

Student's Name: _____
Last Name First Name Team

Please read the following information carefully and sign where requested.

NORTH KIRKWOOD MIDDLE SCHOOL

This field trip consent form gives North Kirkwood Middle School and its staff permission to take the above named student off campus for school approved field trips for the **2022-2023** school year. The permission applies to all field trips occurring within the school year including travel by bus or car or walking trips. This permission is valid for one school year. Parents will be notified at least 48 hours in advance of field trips. At that time, parents will have the option to withdraw permission for any individual field trip by submitting written opt-out instructions to the classroom teacher. If a parent or guardian signs and returns opt-out instructions for a specific field trip, the annual field trip consent remains valid for all other field trips. If you choose not to sign this annual permission form, you will be asked to give written permission for your child to participate in each field trip throughout the school year.

Consent and Liability Waiver

- I hereby give permission for my student to participate in North Kirkwood Middle School field trips during the **2022-2023** school year. I understand field trips may require transportation to a location away from the school campus, and travel may be by bus, car, or walking. As a parent or guardian, I understand that the school and staff will try to prevent accidents. However, I fully understand that some activities on field trips involve inherent risks to students regardless of all feasible safety measures that may be taken by the school. In the event it becomes necessary for school staff in charge to obtain emergency care for my child, neither he/she nor the school assumes financial liability for expenses incurred because of an accident, injury and/or unforeseen circumstances. I authorize North Kirkwood Middle School employees and volunteers in charge of the students to obtain all necessary emergency medical care and authorize any licensed physician and/or medical personnel to render necessary emergency treatment for my child.

Parent Signature: _____ Date: _____



Vertical Voyages, L.L.C.
PO Box 300265
Saint Louis, MO 63130
314-477-6008

Program/Course:

Date of Program/Course:

Participant Release Acknowledgment of Risk Agreement

I, the undersigned, in consideration of the services of Jon Richard, Vertical Voyages, LLC, its officers, employees, agents or representatives (hereinafter referred to collectively as "VV"), hereby release and discharge VV on behalf of myself, my heirs, assigns, personal representatives and estate as follows:

I understand and acknowledge that the activity I am about to voluntarily engage in as a participant and/or volunteer bears certain known risks and unanticipated risks which could result in injury, death, illness or disease, physical or mental, or damage to myself, to my property or to spectators or other third parties. The following describes some, but not all, of those risks:

Death or injury caused by a) climbing trees or rocks; b) being belayed by any person/self, including employees or contractors of VV; c) falling upon any object intended or not intended as part of a climbing face, structure or tree; d) a mishap as a result of negligence or other acts, howsoever caused by any employee, agent or contractor of VV or its clients and affiliates, as a result of participant's engagement in any activity; e) a mishap during field trips to outdoor climbing areas and/or tree climbing areas, which include falls upon rock or trunks/branches, any equipment failure of any kind, regardless of the provenance or ownership of the equipment; and f) any event regardless of negligence by any person, including VV employees, agents, or contractors. Furthermore, the VV employees, contractors and affiliates have difficult jobs to perform. They seek safety, but they are not infallible. They may be unaware of a participant's fitness, abilities or underlying health conditions.. They may give inadequate warnings or instructions. The equipment used in the engagement may malfunction.

I understand that contraction of or exposure to infectious disease is an inherent risk. INITIAL _____
I understand that contraction of or exposure to airborne illness is an inherent risk. INITIAL _____

Being aware that this activity entails known and unknown risks of death and injury to myself and a risk of death and injury to spectators or other third parties as a result of my actions, I expressly agree, covenant and promise to accept and assume all responsibility and risk for injury, death, illness and disease, including damage to myself, to others, or to property arising from my participation in this activity. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of risks.

I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify VV contractors, employees and agents, and all other persons or entities from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are connected with my participation in this activity, including specifically but not limited to the acts or omissions of VV contractors, employees and agents, and all other persons or entities, for any and all injury, death, illness or disease, and damage to myself or to property. Should VV or anyone acting on its behalf, be required to incur attorneys fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

I certify that I have sufficient health, accident and liability insurance to cover any bodily injury or property damage I may incur while participating in this event and to cover bodily injury or property damage caused to a third party as a result of my participation in this event. If I have no such insurance, I certify that I am capable of personally paying for any and all such expenses or liability.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

My signature below indicates that I have read this entire document, understand it completely, understand that it affects my legal rights, and agree to be bound by its terms.

Date: _____

Print Participants Name: _____

Participant Signature _____

Print Name of parent or guardian: _____

Signature of parent or guardian (if participant is under 18): _____

EMAIL ADDRESS: _____

Newsletter? Yes or No

Participant's Full Name: _____
Last First M.I.

Sunnyhill Adventures 2022 Consent for Services

In consideration of admission of _____ (Participant's Full Name),
for the various programs conducted by Sunnyhill Adventures, a program of Sunnyhill Inc., I/we give the
unqualified right and permission to:

1. Administer medications as provided by me, the parent, Legal Guardian, or staff according to a physician's prescription and/or administer approved non-prescription drugs if required.
2. Participate in camp activities on and off site including but not limited to: swimming, canoeing, boating, indoor wall climbing, outdoor wall climbing, tower climbing, archery, zip-lining, caving, programs and activities off camp and in the community, riding in vehicles, and all camp activities, etc.
3. In the event that I cannot be reached in an emergency, I hereby give permission to transport the above named participant and secure treatment at a health care facility at my expense.
4. I hereby indemnify Sunnyhill Inc., its' agents and employees, and agree to hold it and them harmless from any and all liability arising out of any injury, or accident that might happen to the participant, and from any damage the participant might cause to any person(s) or property while in the care of Sunnyhill Inc., its' agents and employees. I further understand that the participant can be excluded at any time during the program by the director if it is judged that the participant has hampered the safety, welfare, or enjoyment of self or other in the program.

I have read the foregoing, which I understand to be Consent for Services, release and indemnification, and I understand this fully.

In witness whereof, I have executed this consent and indemnification.

Participant Signature Date: _____

Legal Guardian Signature Date: _____