OUTINGS PERMISSION FORM:
ASSUMPTION OF RISK, RELEASE OF LIABILITY, and
AUTHORIZATION TO TREAT

NAME: Gr: Fr So Jr Sr  OUTING:  
PHONE:  
DATES:  
EMAIL:  
LEADERS:  

ASSUMPTION OF RISK
The student named above has my permission to attend the outing named above and to participate in the activities it entails. I understand that there are significant risks, both known and unknown, inherent in the activities associated with the outing named above and with transportation both to and from the outing’s destination. Furthermore, I understand that these risks could foreseeably result in property damage, bodily injury, or death, and I knowingly accept and assume those risks.

RELEASE OF LIABILITY
Being fully aware of these risks, I hereby voluntarily release and agree to hold Marin Academy, its employees, and trustees harmless from any and all liability, claims, demands, or causes of action which are related to or stemming from the above named student’s participation in activities associated with this outing, including negligence.

AUTHORIZATION TO TREAT
In the event that the student named above, a minor, becomes sick or is injured, I do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment rendered under the general or special supervision of any member of the medical staff of any licensed hospital or medical facility in California or any other state. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician or medical practitioner in the exercise of his or her best judgment may deem advisable. It is understood that a good faith attempt shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

EXPLANATION OF RISKS AND DANGERS
The danger and risks associated with this outing stem from the fact that we’ll be traveling and performing the above described activities outside and with unpredictable access to emergency rescue and medical aid. Risks associated with wilderness trips may arise from the terrain, the weather – including the possibility of unexpected storms – encounters with wildlife, and travel to and from the trailheads in motor vehicles. Risks associated with city-based, suburban, and rural outings may arise from any of the above, and may also include urban travel and traffic accidents. Water-based outings, including kayaking and SCUBA diving, are subject to any of the above risks as well as those arising from immersion in cold water and encounters with wildlife sea creatures. While all trip activities will be supervised by qualified and experienced personnel, and while safety will be our primary concern, it is impossible to guarantee that accidents will not happen.

I have read this document, I understand the risks I am accepting by signing it, and I agree to the validity and enforceability of this ASSUMPTION OF RISK, RELEASE OF LIABILITY, and AUTHORIZATION TO TREAT.

SIGNATURE OF PARENT OR LEGAL GUARDIAN  DATE

PHONE CONTACT IN CASE OF EMERGENCY:
| PEDIATRICIAN OR FAMILY PHYSICIAN: | ____________________________ |
| PHONE: | ____________________________ |
| MEDICAL INSURANCE PROVIDER: | ____________________________ |
| POLICY NUMBER: | ____________________________ |

PERTINENT MEDICAL INFORMATION: allergies, medication, relevant medical history, etc.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

STUDENT’S DATE OF BIRTH: | ____________________________ |

MOST RECENT TETANUS TOXOID BOOSTER: | ____________________________ |