

## Crossroads Academy

95 Dartmouth College Highway  
Lyme, NH 03768

Phone (603) 795-3111  
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### Field Trip Waiver and Permission Form

*No student will be allowed to participate in field trips sponsored by Crossroads Academy until this form is signed and dated by the student's parent or legal guardian in connection with each field trip.*

I wish to have \_\_\_\_\_ (the Student) participate in a field trip to \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_ (the Field Trip). I understand transportation will be provided by \_\_\_\_\_. I release Crossroads Academy, its directors, officers, employees, agents, and volunteers (collectively, the Representatives) from any and all liabilities whatsoever arising or which may arise by reason of the Student's participation in the Field Trip, including, without limitation, any claims due to personal injury or property damage resulting from and/or arising out of the negligence of Crossroads Academy or any of its Representatives.

Should the Student suffer injury or illness while on the Field Trip, I authorize any Representative of Crossroads Academy, and in particular, any teacher, staff person, or other designee of the Head of School accompanying the Student, to authorize such medical attention for the Student as may be deemed appropriate by such Representative of Crossroads Academy under the circumstances. I agree to bear the costs of all medical care and procedures required by the Student and to maintain appropriate medical insurance coverage for the Student while on the Field Trip.

I hereby release Crossroads Academy and its Representatives from any claim arising out of any medical treatment the Student may require, including but not limited to any personal injury or property damage resulting from and/or arising out of the negligence of Crossroads Academy or any of its Representatives.

In case of an emergency, I can be reached at the following number(s): \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

Please list one additional emergency contact:

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Telephone Number

*Please attach information regarding any health conditions of the Student that need to be considered on the Field Trip. If the Student will need any medications on this Field Trip, please complete the Field Trip Medication Permission form on the reverse side.*

Updated 6/2/09