



## Field Trip Permission Slip

**Grades:** 7<sup>th</sup> -12<sup>th</sup> Grade

**Date:** August 25, 2010

**Field Trip Location:**

**Depart:** 1:15p

*Jump Street, Glendale Arizona*

**We will NOT hold the bus.**

**Bring:** Extra money for food and Drink

**Return:** 4:15 p

**Fee:** \$15.00

**Students MUST wear Imagine Prep t-shirts for identification purposes.**

**Please sign and return** the bottom portion of this slip along with a daytime phone number, an additional phone number (e.g. a cell phone), and deposit or full payment for trip and return to Imagine Prep's Office.

**My child/ward,** \_\_\_\_\_ **has my permission to attend this half day field trip.**  
**To:** Jump Street **Date:** \_\_\_\_\_

Half-day fun field trips are organized by Imagine Prep at Surprise to provide social opportunities for our students on half days of school. Participation in these trips is wholly voluntary. Students must be in good academic and behavioral standing with the school at the time of the trip. If they are not, they will not be able to attend. As these events are organized as a service to the students, students will be expected to be on their best behavior. If any adult of the trip determines that a student is acting inappropriately the students' parents will be contacted and the student will not be allowed to participate in a future half-day field trips.

Final decisions regarding eligibility to participate in half day trips will rest with Mr. Buzzard and Mr. McComb.

By signing below, I certify that I read and agree to the above language. Additionally, I grant my student permission to attend the trip to Jump Street on August 25<sup>th</sup>, 2010.

I will serve as a chaperone for this event: Yes No

Parent Signature

\_\_\_\_\_

Please list the names of two parents and/or guardians that may be contacted.

Parent/Guardian #1 – Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian #2 – Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Parent Request for Administration of Medicine during Overnight Field Trips**

I request that the nurse or principal's designee administer medication to my child \_\_\_\_\_ (student's name) from \_\_\_\_\_ (date) to \_\_\_\_\_ (date).

Check below:

- Prescription medication is furnished by me, is in its original container with the pharmacy label, which includes my child's name, prescription number, name of medication, dosage, and number of times a day to be administered.
- Over-the-counter medication is furnished by me, in its original container labeled child's name. The date, time(s) to be given, and the dosage are entered below.

List below any medications (supplied by the parent) to be administered by the nurse or teacher:

<b>Medication name</b>	<b>Dosage</b>	<b>Time</b>
1.		
2.		
3.		
4.		
5.		

I understand that all medications must be brought to and kept by the nurse or teacher. Imagine Prep is not responsible for any reactions to medications given according to the above directions.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**jumpstreet®️️️ RELEASE AND PARENT/GUARDIAN WAIVER OF LIABILITY**  
PLEASE READ THIS DOCUMENT CAREFULLY. BY SIGNING IT, YOU ARE GIVING UP LEGAL RIGHTS

In consideration for being permitted in jumpstreet®️️️ and the related activities (collectively, "activities") conducted by and at jumpstreet®️️️, LLC.

**ASSUMPTION OF RISK:** I agree that I and/or my child/ward am voluntarily participating in the activities offered by jumpstreet®️️️ including, but not limited to, the use of the equipment, facilities and the premises. I am assuming on behalf of myself and/or child/ward, all risk of personal injury, death, or disability to myself and/or child/ward that may result from participation, or any damage, loss or theft of any personal property which me and/or child/ward may incur. I understand that the jumpstreet®️️️ facility has trampolines and inflatables and that using trampolines and inflatables have inherent risks. Further, I have explained these risks to my child/ward. In spite of the risks mentioned above I freely want to participate and as such I assume all of the responsibility for injury or death that may result.

**RELEASE OF LIABILITY:** I understand that myself and/or child/ward will be engaging in recreational and sporting activities within the meaning of A.R.S. §33-1551 while using the jumpstreet®️️️ facility and it is my voluntary and informed decision to release any future lawsuits or claims that they may have against the releasees. Therefore, I agree on behalf of myself and my child/ward and our personal representative, successors, heirs, and assigns to hold jumpstreet®️️️, LLC and its affiliates, instructors, officers, directors, agents, employees, designers, licensors, and members, as well as the property owner and tenants of the property and the owners, manufacturers and installers of the equipment comprising the jumpstreet®️️️ facility (collectively, the "Releasees") harmless from any and all claims or causes of action arising out of me and my child/ward's participation at the jumpstreet®️️️ facility.

I expressly release and forever discharge Releasees from any and all liability, claims, demands or causes of action whatsoever arising out of any damage, loss, personal injury, or death to me or my child/ward, while participating in any of the activities offered at the jumpstreet®️️️ facility. This includes, without limitation, use of trampolines, inflatables, receiving instruction, strenuous bodily movement, and any other activities in and around the jumpstreet®️️️ facility. This release is valid and effective whether the damage, loss, or death is a result of any act or omission on the part of any Releasees or from any other cause. This Waiver and Release of Liability includes, without limitation, injuries, or accidents, which may occur as a result of the: (a) use or misuse of the facility in any way by anyone, (b) use of any equipment that malfunctions or breaks, (c) improper maintenance of the facility, grounds, or any equipment, (d) instruction or supervision, or (e) slipping, tripping and /or falling while in the facility or on the surrounding premises. This Release of Liability also expressly includes a release for any and all claims arising out of or under the A.R.S. Title 12 of §33-1551 **LIABILITIES AND DUTIES ON PROPERTY USED FOR EDUCATION AND RECREATION.**

I further grant jumpstreet®️️️, LLC the right to photograph, videotape, and/or record me and/or my child/ward and to use my or my child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, and promotional materials without reservation or limitation. I will inspect the portions of the facility that I intend to use prior to my using and will immediately report and defect to management.  
I am in good physical condition for the activity in which I will be participating and certify that I do not have any medical condition that may preclude me from safely participating.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF ALL LIABILITY AND A WAIVER OF ANY RIGHT THAT I MAY HAVE ON BE HALF OF MYSELF AND OR MY CHILD/WARD TO BRING A LEGAL ACTION OR ASSERT A CLAIM FOR INJURY OR LOSS OF ANY KIND AGAINST jumpstreet®️️️, LLC. SHOULD ANY CLAIM BE MADE, I UNDERSTAND AND AGREE THAT I WILL BE RESPONSIBLE FOR ALL ATTORNEY'S FEES AND DEFENSE COSTS INCURRED BY jumpstreet®️️️, LLC IN CONNECTION WITH OR IN THE DEFENSE OF THAT CLAIM.

This Release and parental/guardian Waiver is made in accordance with A.R.S. §33-1551. I have read the above, considered its effects, understand its content, and agree, on behalf of myself and my child/ward, to the terms as stated above. This agreement specifically contains an indemnity agreement whereby I agree to reimburse the Releasees against any damages (including attorney's fees and costs) incurred as a result of any lawsuit, claim, or action brought by myself, my child/ward, or any other party, related in any way to me or my child's/ward's use of the jumpstreet®️️️ facility. I further understand that no person has permission to use the jumpstreet®️️️ facility without an effective and validly signed Release and parental/Guardian Waiver of Liability.

I understand that I am voluntarily giving up me and or my child's/ward's right to bring a lawsuit or claim against the above-mentioned Releasees. I further understand and accept the above risks related to these activities.

**Guardian Information**

Print name of Adult \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
(ADULT INFORMATION)  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

**Participant Information**

Print Name of Participant _____	Print Name of Participant _____
(Age of participant) _____	(Age of participant) _____
Print Name of Participant _____	Print Name of Participant _____
(Age of participant) _____	(Age of participant) _____
Print Name of Participant _____	Print Name of participant _____
(Age of Participant) _____	(Age of Participant) _____

Signature of participant over 18 or Parent/Legal Guardian of Minor \_\_\_\_\_ Date \_\_\_\_\_