

Agawam Public Schools



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STUDENT FIELD TRIP PERMISSION AND LIABILITY CONSENT FORM

Date of trip: _____ *Name of trip:* _____

Location of trip: _____

School: _____ *Grade:* _____ *Homeroom:* _____

Method of travel: _____ *Departure time:* _____ *Return time:* _____

I, the undersigned, give permission and consent for my child [print child's name] _____ to participate in the above fieldtrip. I also agree to forever release the Agawam Public Schools, the School Committee, and all of their employees, agents, volunteers, as well as any and all individuals and organizations assisting or participating in providing the field trip opportunity ("the Releasees") from any and all claims, rights of actions and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child due to said emergency medical care and/or treatment.

I also promise to indemnify, defend and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child resulting from said emergency medical care and/or treatment.

I further affirm that I have read this field trip permission and liability consent form, and that I understand the contents of this form. By signing this form, I affirm that I have decided to allow my child to receive emergency medical care and/or treatment with full knowledge that the Releasees will not be liable to anyone for personal injuries my child may suffer due to said emergency medical care and/or treatment.

Parent or Guardian signature: _____ *Date:* _____

Home phone: _____ *Cell:* _____

Return form by: _____ *or your child will not be able to participate with the field trip*