



**PARENT AUTHORIZATION
FOR STUDENT TRAVEL - VIA PARENTS
(FIELD TRIPS)**

Montessori of Maui, Inc.
2933 Baldwin Avenue, Makawao, Hawaii 96768
Office: (808)573-0374 Fax: (808)573-0389

FIELD TRIP TITLE: Lahaina Pali Trail

NAME OF STUDENT: _____

I, the undersigned, hereby grant permission for my child named above to participate in the following student travel activity.

FIELD TRIP DATE: Friday, April 13, 2018 **CLASS(ES)** 6th and 7th Year Students

PARENTS DROP OFF AT 8:00 AM **PARENTS PICK UP AT:** About 2:15 PM

PURPOSE: A School Year 18/19 camaraderie-building long walk along the Pali infused with cultural, botanical, and geography learning throughout.

SPECIAL NOTES TO PARENTS:

Long and short sleeve shirt, light-weight rain gear, wear long pants, wear socks and close toed shoes/hiking boots (hiking boots are highly recommended. Boots/shoes should be sturdy, fit well, and broken in), cap, sun block, all snack/lunch/LOTS OF WATER, etc. If medications are needed be sure the paperwork and medicine are on file in the Main Office.

SEE PAGE 2 FOR TRIP ITINERARY AND DETAILS

PLEASE RETURN THIS FORM BEFORE: Friday, April 6, 2018

1. I realize that any off-campus excursion includes activities, which may pose a risk to the minor.
2. I am allowing the minor to pursue these activities with full knowledge of possible risk to the minor.
3. I give consent for Montessori of Maui, Inc., its officers, directors, agents, insured, and employees to take action as it deems necessary for the safety and welfare of my child, including the handling of any medical affairs for the child, on my behalf and in my absence, should any medical situation occur when I am not present and where my authorization, release and permission is necessary prior to any treatment being rendered for my minor child. I further acknowledge that I will be responsible for costs incurred.
4. I acknowledge that I have read both page 1 and 2 of this Field Trip Permission Form and knowingly execute this Agreement and knowingly execute this waiver of a right to sue as provided below, on behalf of myself and the minor, recognizing that I have the right to have a legal counsel review the Agreement prior to my execution of this Agreement, and that I, and the minor, agree to assume all risks associated with participation in this educational excursion.

The undersigned, on my own behalf and on behalf of the child, hereby releases, acquits, discharges, and holds harmless Montessori of Maui Inc., its officers, directors, agents, insureds, and employees from any liability, claims, denials, actions, cause of action and expenses whatsoever, arising out of, related to or connected with, directly or indirectly, any loss, damage, or injury, including death, to the child, and with regard to the treatment thereof, as a result of or in any way growing out of the acts or omissions of Montessori of Maui, Inc., its officers, directors, agents, insureds and employees. This release is to be as broad and inclusive as permitted by the State of Hawaii. I acknowledge that I have read and understand this document.

Print Parent's/Guardian's Name

Parent's/Guardian's Signature

Date

Print Parent's/Guardian's Name

Parent's/Guardian's Signature

Date

I understand that school rules and conduct apply while on this trip. I also understand that my parents could be responsible for coming to get me if my conduct is in such a manner that would require it; I understand that I am expected to respect the property of others and could be held financially responsible for destruction of property.

Print Student's Name

Student's Signature

Date



Lahaina Pali Trail ('4/13/18) Itinerary and Details

Estimated Time	Activity
8am	Arrival/drop-off at Lahaina side of Pali Trailhead (after the tunnel)
8:05am	Take roll call. Introductions. Safety talk and Overview.
8:15am	Begin hike
11am	Roll call. Lunch
11:30pm	Roll call. Continue hike.
1:25pm	Arrive at Ma'alea trailhead. Take roll call and wait for pick-up.
About 2:15pm	Students to be picked up by parents at Ma'alea Pali Trailhead (you should be able to open the first metal gate and drive-in. If not, group will walk down gravel road).

Potential hazards: slips, trips and falls, insect bites, sunburns, dehydration, getting lost or separated from the group, sprains, broken bones, sudden inclement weather.



SIERRA CLUB
OUTINGS

Medical Treatment Authorization & Consent Form

I, the parent or guardian of:

- 1) _____ (minor child name)
- 2) _____ (minor child name)
- 3) _____ (minor child name)

authorize _____ (accompanying adult name or trip leader name) to:

- arrange or provide medical treatment for the minor(s), including but not limited to helicopter evacuation, ambulance service, medications, first aid, hospitalization, and surgery;
- execute any forms, consents, and releases as may be useful under the circumstances; and
- delegate the authority granted herein to any other person(s).

I understand that efforts will be made to contact me if medical treatment should be needed. I will ensure that the minor will bring any necessary medications on the trip.

Parent or Guardian Name (print)

Signature

Date

Trip Name

Trip Leader Name

Trip Dates



**Acknowledgment of Outing Member
Responsibility, Express Assumption of Risk, and
Release of Liability and Permission to Participate**

I understand that during my participation in this Sierra Club Outing, I may be exposed to a variety of hazards and risks, foreseen or unforeseen, which are inherent in each Outing and cannot be eliminated without destroying the unique character of the Outing. These inherent risks include, but are not limited to, the dangers of serious personal injury, property damage, and death ("Injuries and Damages") from exposure to the hazards of travel and the Sierra Club has not tried to contradict or minimize my understanding of these risks. I know that Injuries and Damages can occur by natural causes or activities of other persons, animals, trip members, trip leaders and assistants or third parties, either as a result of negligence or because of other reasons. I understand that risks of such Injuries and Damages are involved in adventure travel such as Sierra Club Outings and I appreciate that I may have to exercise extra care for my own person and for others around me in the face of such hazards. I further understand that on this Outing there may not be rescue or medical facilities or expertise necessary to deal with the Injuries and Damages to which I may be exposed.

In consideration for my acceptance as a participant on this Outing, and the services and amenities to be provided by the Sierra Club in connection with the Outing, I confirm my understanding that:

- I have read any rules and conditions applicable to the Outing made available to me; and I acknowledge my participation is at the discretion of the leader.
- The Outing officially begins and ends at the location(s) designated by the Sierra Club. The Outing does not include carpooling, transportation, or transit to and from the Outing, and I am personally responsible for all risks associated with this travel. This does not apply to transportation provided by the Sierra Club during the Outing.
- If I decide to leave early and not to complete the Outing as planned, I assume all risks inherent in my decision to leave and waive all liability against the Sierra Club arising from that decision. Likewise, if the leader has concluded the Outing, and I decide to go forward without the leader, I assume all risks inherent in my decision to go forward and waive all liability against the Sierra Club arising from that decision.
- This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.
- To the fullest extent allowed by law, I agree to **WAIVE, DISCHARGE CLAIMS, AND RELEASE FROM LIABILITY** the Sierra Club, its officers, directors, employees, agents, and leaders from **any and all liability** on account of, or in any way resulting from Injuries and Damages, even if caused by **negligence** of the Sierra Club its officers, directors, employees, agents, and leaders, in any way connected with this Outing. I further agree to **HOLD HARMLESS** the Sierra Club, its officers, directors, employees, agents, and leaders from any claims, damages, injuries or losses caused by my own negligence while a participant on the outing. I understand and intend that this assumption of risk and release is binding upon my heirs, executors, administrators and assigns, and includes any minors accompanying me on the Outing.
- I have read this document in its entirety and I freely and voluntarily assume all risks of such Injuries and Damages and notwithstanding such risks, I agree to participate in the Outing.

Participant Name: _____

Signed: _____ Date: _____

*If you are a minor (under age 18), your parent or legal guardian must sign this Agreement on your behalf.

I, the parent or guardian of the minor named below, agree and consent to the foregoing Agreement and give my permission for him/her to go on the Outing. I further consent and allow the Outing leader or bearer of this document to administer first aid and/or secure medical attention for the minor as the Outing leader or document bearer deems proper. I understand that efforts will be made to contact me if medical treatment should be needed. I will ensure that the minor will bring any necessary medications with him/her on the trip.

Name and Age of Minor: _____ (Please Print) _____ (Age)

Signature of Parent or Guardian: _____ Date: _____