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: Seabury Hall Shadowing

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, November 03, 2017 CLASS(ES) Koa Class 8th Year Students

PARENTS DROP OFF AT 8:00 AM PARENTS PICK UP AT: 12:15 PM

PURPOSE: Shadowing in the high school to help inform the high school decision making process.

SPECIAL NOTES TO PARENTS: Pants, covered shoes, collar shirt, writing materials.

SEE PAGE 2 FOR TRIP ITINERARY AND DETAILS

PLEASE RETURN THIS FORM BEFORE: Thursday, October 26, 2017

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
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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

Seabury Hall Shadowing (11/3/17)
Itinerary and Details

Estimated Time	Activity
8am	Arrive at Seabury Hall and meet in Cooper House living room (map attached)
8:15am	Shadow throughout morning/lunch
12:15pm	Parents pick-up students form Cooper House living room.
12:30pm	Return to MOMI

Potential Hazards: trips, slips, falls and transportation