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: Wiliwili Class Beach/Pool Day

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: Monday, May 14, 2018 CLASS(ES) Wiliwili Class

PARENTS DROP OFF AT: 9:00 AM PARENTS PICK UP AT: 2:00 PM

PURPOSE: End of the year class community celebration

SPECIAL NOTES TO PARENTS: Sunscreen should be applied at home before the field trip. Students should bring: bathing suit, towel, slippers, sunblock and a change of clothes.

SEE PAGE 2 FOR TRIP ITINERARY AND DETAILS

PLEASE RETURN THIS FORM BEFORE: Tuesday, May 8, 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
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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

Wiliwili Class Beach/Pool Day (5/14/18)
Itinerary and Details

Estimated Time	Activity
9am	Parents drop students off at Maui Country Club
9:30am	Roll call. Swimming at Baby Beach.
10:45am	Roll call. Snack at MCC
11am	Pool time
12:15pm	Roll call. Lunch
12:45pm	Pool time
2pm	Parents pick up students (DO NOT BE LATE)

There will be a certified lifeguard attending this field trip.

Potential hazards: Slips, trips and falls, insect bites, stings from sea creatures, sunburns, dehydration, getting lost or separated from the group, sprains, broken bones, drowning, sudden inclement weather, scratches from rocks, transportation hazards.