

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 TR	RIP TITLE: Koa Tree P	Planting at Skyline Eco Ad	dventures		
NAME OF	STUDENT:		<u></u>		
	dersigned, hereby grant permi	ssion for my child named above to student travel activity.	participate in the		
FIELD TRIP DA	TE: Wednesday, December 12,	2018 CLASS(ES) 6th and 7th Y	'ears Students		
PARENTS DR	OP OFF AT <u>8:30 AM</u>	PARENTS PICK UP AT: 1:0	00_PM		
PURPOSE	: Students will participate in the p conservation program.	lanting of many Koa Trees to support	the organization's native plant		
SPECIAL NOTES TO PARENTS:	IOTES TO vear: 1-snirt or long-sleeve, long pants, covered shoes. Bring: Eong-sleeve, rain protection, read-sleeve, long pants, covered shoes. Bring: Eong-sleeve, rain protection, read-sleeve, long-sleeve, long pants, covered shoes. Bring: Eong-sleeve, rain protection, read-sleeve, long-sleeve, long-sle				
		OR TRIP ITINERARY AND DETA	ILS		
		FORE: Tuesday December 4, 2018			
	off-campus excursion includes activities, w				
	e minor to pursue these activities with full kn				
welfare of my child not present and wh	including the handling of any medical affair	ors, agents, insured, and employees to take action s for the child, on my behalf and in my absence, shon is necessary prior to any treatment being rendere	lould any medical situation occur when I am		
waiver of a right to prior to my execution	sue as provided below, on behalf of myself on of this Agreement, and that I, and the mir	eld Trip Permission Form and knowingly execute th and the minor, recognizing that I have the right to h nor, agree to assume all risks associated with partic	ave a legal counsel review the Agreement cipation in this educational excursion.		
directors, agents, i connected with, dir way growing out of	nsureds, and employees from any liability, c rectly or indirectly, any loss, damage, or injur f the acts or omissions of Montessori of Mau	hereby releases, acquits, discharges, and holds halaims, denials, actions, cause of action and expensive, including death, to the child, and with regard to the inc., its officers, directors, agents, insureds and expensive the law read and understand this document.	ses whatsoever, arising out or, related to or the treatment thereof, as a result of or in any		
Print	Parent's/Guardian's Name	Parent's/Guardian's Signature	Date		
	qv4 wi				
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responsible fo	r coming to get me if my conduct	oly while on this trip. I also understand t is in such a manner that would requi	re it; I understand that I am		



Koa Tree Planting at Skyline Eco Adventures (12/4/18) Itinerary and Details

Estimated Time	Activity
8:30am	Parents drop off students at Skyline Eco Adventures- Crater Road
8:35am	Roll call. Safety overview.
8:45am	Field work
11:00am	Roll call. Snack break
11:15am	Field work
12pm	Roll call. Lunch
12:45pm	Finish work. Clean-up
1pm	Parents pick up

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

Volunteer Waiver

GENERAL RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK, AND HOLD HARMLESS AGREEMENT

I recognize and acknowledge that there are potential risks such as trip hazards, uneven and steep terrain among others. I voluntarily agree to participate in this activity with knowledge of the dangers involved and by signing this document, I hereby accept and assume any and all risks of personal injury or damage of property. I agree to waive all claims and hold harmless Skyline Eco-Adventures, LLC, its officers and employees from and against any and all claims of any nature.

I, the undersigned participant affirm that I am freely signing this agreement. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies and agree to be bound by it.

If in the event a participant is under 18 years of age an adult guardian signature is required.

Participants Name	Signature / Guardian Signature	***	Date
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