



**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: Koa Tree Planting at Skyline Eco Adventures

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: Wednesday, December 11, 2019 CLASS(ES) 6th and 7th Years Students

PARENTS DROP OFF AT 8:30 AM PARENTS PICK UP AT: 1:00 PM

PURPOSE: Students will participate in the planting of many Koa Trees to support the organization's native plant conservation program.

**SPECIAL
NOTES TO
PARENTS:**

Wear: T-shirt or long-sleeve, long pants, covered shoes. Bring: Long-sleeve, rain protection, hat/sun protection, ALL water/snacks/lunch/medicine (with proper paperwork), etc.. Optional: bug spray, gardening gloves.

SEE PAGE 2 FOR TRIP ITINERARY AND DETAILS

PLEASE RETURN THIS FORM BEFORE: Wednesday, December 4

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
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Koa Tree Planting at Skyline Eco Adventures (12/11/18) 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.

