

Singing Nettle Forest Stewards (SNFS)

Field Trip/Travel/Explore Day

Consent & Release Form

List Names of Your Child/Children:

1. _____ 3. _____
2. _____ 4. _____

(each child listed above is hereinafter referred to as "my/our child(ren)")

Additional Fees for Field Trip/Explore Day per Attendee (due in advance): _____

Field Trip Date/Explore Day: ___/___/20___ Field Trip/Explore Day Location & Travel To/From: _____
(hereinafter referred to as "the field trip/explore day and associated activity")

Note: Both parent(s)/guardian(s) need to initial each statement and sign last page.

___ / ___ (initial): I/we give consent and permission for my/our child(ren) to attend and participate in the field trip/explore day and associated activity on the date(s) noted above. I/we acknowledge and agree that cancellation of the initially planned field trip date (due to weather, unplanned closures, or other unforeseen reasons) and re-scheduling to another date may occur from time to time and any permission(s) granted by me/us for the initially planned field trip date shall extend to and also apply to the re-scheduled date provided I/we are notified of the rescheduled date in advance by Singing Nettle Forest Stewards (hereinafter referred to as "SNFS"), its director, learning guides and/or their agents (collectively hereinafter referred to as "SNFS etc.").

___ / ___ (initial): I/we give consent and permission to SNFS etc., any adult chaperone(s) and volunteers assigned to my/our child(ren) and my/our attending family members for the field trip/explore day and associated activity to provide transportation in personal vehicles or other modes of transportation/travel (such as by walking, pull wagon, Uber, taxi, Lyft, bus, train, boat, etc.) to, from, before, during, and after such field trip/explore day and associated activity, including, but not limited to, seek and administer first aid or emergency medical care for my/our child(ren) and family, as they deem appropriate, advisable or necessary, in connection with transportation/travel to, from, before, during and after such field trip/explore day and associated activity.

___ / ___ (initial): I/we acknowledge and agree that the field trip/explore day, associated activity, and transportation/travel to/from, before, during, and after such field trip/explore day and associated activity involves inherent risks - both known and unknown - including, but not limited to, risk of personal injury, harm, accidents, dismemberment, illness, disease and possibility death to my/our child(ren), other field trip participants, and attendees including any family attendees. I authorize and give consent to SNFS director, Christine Shoemaker, and its learning guides, agents, adult chaperones and volunteers, and field trip site personnel to seek and administer first-aid and emergency medical care for and to my/our child(ren) and family members in attendance as they deem appropriate, advisable, or necessary. I/we acknowledge and agree that I am/we are liable for all costs and expenses associated with such first-aid and emergency medical care for my/our child(ren) and family members in attendance, including, but not limited to, any emergency transportation by ambulance or air transport, regardless of coverage or non-coverage under automobile insurance, general, or specific liability insurance or medical health insurance.

___ / ___ (initial): I/we agree to list herein all allergies (including food and medicine allergies) and physical/mental health limitations or restrictions to allow SNFS, its director, learning guides, agents, and adult chaperones and volunteers to seek and administer first-aid and emergency medical care for my/our child(ren) and any attending family member(s):

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Child #1. _____ Child #3. _____

Child #2. _____ Child #4. _____

Attending Family Members (list all by name along with allergies etc):

(attach additional pages, as needed)

____ / ____ (initial): On behalf of myself, my spouse, my children, my child(ren), my heirs, my estate, my executor, my trustees and administrators, and my beneficiaries, I/we hold harmless, release from liability, indemnify, and forever discharge SNFS, its officers, directors, learning guides, agents, adult chaperones, guest instructors/guides and volunteers from all liability, claims and demands (including claims of negligence, and future or unknown claims and demands), costs, expense, causes of action, loss, damage, injury, disease, illness, including death, that relate to or arise or could arise directly or indirectly from or in connection with or be asserted by reason of the field trip, explore day, associated travel, seeking and administration of first-aid and emergency medical care and the authorizations and releases granted herein.

I/we acknowledge and agree that I/we have read the entirety of this Field Trip/Travel/Explore Day Consent & Release Form and understand its terms and conditions. By signing below, I/we acknowledge and agree that I am/we are legally authorized to sign this form and are the parent(s) or legal guardian(s) of my/our child(ren).

_____, _____ / ____/20____
Print Name: Parent or Legal Guardian (circle which applies), and Your Signature Date

_____, _____ / ____/20____
Print Name: Parent or Legal Guardian (circle which applies), and Your Signature Date

EMERGENCY CONTACT INFORMATION FOR CHILD/FAMILY MEMBER ON FIELD TRIP/EXPLORE DAY DATE

Primary Contact:

Name: _____ Phone: _____
Relationship to Child/Family Member: _____

Secondary Contact (if unable to reach primary contact after second attempt):

Name: _____ Phone: _____
Relationship to Child/Family Member: _____

Third Contact (if unable to reach primary or secondary contact after second attempt):

Name: _____ Phone: _____
Relationship to Child/Family Member: _____