



FIELD TRIP WAIVER FORM

Participant Information

Participant Name _____

Parent(s)/Guardian(s) Name _____

Home Phone _____ **Alt/Cell Phone** _____

Emergency Contact Name & Phone _____

Participant Waiver & Liability Agreement

I understand that there are risks associated with participating in River Oaks C.O.R.E related activities. In consideration for the privilege to use the facility and/or attend the River Oaks C.O.R.E programs and trips, my signature indicates that I assume the risk of any injuries that myself or my children/wards may sustain while participating in any activity at River Oaks C.O.R.E and for any injuries which myself or my children/wards may sustain while on the premises of River Oaks. I insure that I am or my child/ward is physically and mentally able to participate in physical activities and have been examined by a licensed medical physician within one (1) year prior to attending River Oaks C.O.R.E programs.

I give permission for River Oaks C.O.R.E or contracted health care to start preliminary treatment and arrange transportation for me or my child/wards to a local Emergency Room in the event that I or my child/wards become(s) ill or injured.

By signing this Waiver and Liability Agreement, I acknowledge that I HAVE READ AND FULLY UNDERSTAND AND AGREE TO ALL OF ITS TERMS AND CONDITIONS INCLUDING PERMISSION TO TREAT AGREEMENT. I further state that I have executed this waiver and liability voluntarily and with full knowledge of its significance to be binding on my, my heirs, executors, administrators and assigns.

Participant's Signature (Parent/Guardian if under 18)

Date

Participant's Name Printed (Parent/Guardian if under 18)

Sack Lunch Choices

(Please mark one choice with a X)

- Ham & Cheese sandwich, chips, fruit, and a juice box
- Turkey sandwich (gluten-free bread), chips (gluten-free), fruit, and a juice box