

chatham UNIVERSITY

Parent/Guardian Permission and Release of Liability for Field Trip Participation

I/We, the parent(s)/guardian(s) of the student named below, give permission for my child to participate in the (name of school) _____ field trip on (date) _____.

I assume the risk of my child's participation in all activities on the Chatham University campus. I agree to waive all liability of Chatham University and its employees in the event of an accident, injury, loss of property, and/or any other circumstance or incident that occurs as a result of my child's participation in the field trip. I agree to hold harmless Chatham University and its employees from any claims arising out of my child's participation in the field trip.

Student Name (Please Print): _____ Grade Level: _____

Parent(s)/Guardian(s) Signature(s): _____

Home/Cell Phone: _____ Work Phone: _____

Please read and place a check in the box if you agree to allow your child to participate:

- My child has permission to voluntarily sample food (farm produce, cooking samples, etc.) during his/her time on campus.

His/Her food allergies include: _____

- Chatham University has permission to use photographs, films, and recordings of my child for any lawful use, including social media or publicity materials.

- I am interested in receiving information from the Admissions Office of Chatham University.

Email address: _____

I have read and voluntarily agree to release Chatham University and its employees from all legal action and/or liability.

Student Name (Please Print): _____ Date: _____

Parent(s)/Guardian(s) Signature: _____