

LIABILITY RELEASE FORM

Student Name _____ Home Telephone _____
Address _____ Zip Code _____
Date of Birth _____ Place of Birth _____
School Mountview Middle School School Telephone 508-829-5577

Emergency contact (usually a parent or guardian available during the trip):

Name _____ Relationship _____ phone _____
Physician _____ Phone _____

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RELEASE

I, a participant in the trip to Quebec City, Quebec, from April 14th through April 17th 2018, sponsored by and approved by The Wachusett Regional School District, agree to all the following conditions:

The Program organizer(s), group chaperones, Mountview Middle School and the Wachusett Regional School District shall not be liable for any damages or loss to my person or property arising from my participation in this program.

The Program organizer(s) and/or group chaperones may make reasonable changes in the dates, destinations, or itinerary for the mutual benefit and safety of group participants. In such event, they shall not be liable for any delay, loss or damage resulting there from. In the event of any illness, accident, or incapacity incurred by me, the group chaperone may consider my best interests in securing medical treatment, hospitalization, medication and/or return transportation at my own expense.

Any and all claims, obligations, suits in any liabilities whatsoever against the organizer(s), chaperones, and/or the School District are hereby waived and released.

I certify that I have read and I understand this release and agree to abide by its provisions.

Student Signature _____ Date _____

Signature of Witness (parent signature is acceptable) _____ Date _____

*I certify that **I am the parent or legal guardian of the student named above** and that I have read the foregoing release. **I allow my child to participate in this trip.** I agree to every part of this release and hereby relinquish any claim that I may have against the program organizers, chaperones, and the School District, both on my behalf and in my capacity as legal representative, while my child is a participant in this program.*

Parent Signature _____ Date _____

Signature of Witness _____ Date _____