



FIELD TRIP PERMISSION FORM

Client (child) Name: _____

Statement of Understanding

I (parent/guardian/caregiver) hereby make application to enroll my child in Peak Potential Therapy LLC's field trips. I hereby certify that my child is of good moral character. I hereby also certify that I have given full disclosure concerning all medical, physical, and psychological conditions which might have relevance to the performance of my child. I also understand that I am liable for information that is false, misleading, or later found to be omitted concerning all such medical, physical, or psychological conditions and all suspensions, expulsions, or adjudications. I have no objection to publicity in conjunction with camp activities that involve my child.

Emergency Treatment Authorization

I (parent/guardian/caregiver) hereby authorize the diagnosis and treatment a qualified and licensed medical professional, of my child, should a medical emergency occur, which the attending medical professional believes requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement or impairment, or undue pain, suffering or discomfort if delayed. In the event of a medical emergency, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. The authorization is granted only after a reasonable effort has been made to reach me. Permission is also granted to Peak Potential Therapy LLC and its affiliates to provide emergency treatment prior to the child's admission to the medical facility. This release is authorized for the duration of the registered session. This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

Liability Hold Harmless Agreement Waiver

I (parent/guardian/caregiver) hereby understand that Peak Potential Therapy LLC takes reasonable precautions to ensure that Peak Potential Therapy LLC's field trips and activities are conducted by qualified personnel in a safe and responsible manner. I hereby acknowledge and agree that there is the possibility of physical injury or loss associated with my child's participation in the program and hereby release, hold harmless, indemnify, and discharge Peak Potential Therapy LLC, its affiliated organizations, employees, and associated personnel including the owners of the program and program facility against any and all claims, liabilities, costs, and/or damages deriving from my child's participation in the program, whether arising from an act or omission, negligent or otherwise, to the fullest extent permitted by law. I understand that any fees charged for a field trip do not include accident or personal insurance. I recognize these risks and agree to accept these risks by allowing my child to attend Peak Potential Therapy LLC's field trip. Permission is granted for my child to participate, and I understand that by signing this form I am voluntarily and knowingly accepting responsibility for my child's participation in all Peak Potential Therapy LLC's field trip activities.

Consent

I (parent/guardian/caregiver) hereby acknowledge having read, understand, and agree to Terms & Conditions set forth in this Field Trip Permission Form, which is required for my child to participate. By signing this form, I give Peak Potential Therapy LLC permission for my child to participate in field trips, supervised by staff.

Parent/Guardian/Caregiver Signature

Emergency Contact Phone Number

Parent/Guardian/Caregiver Printed Name

____/____/_____
Date