Permission for Game Transportation

I, _____, parent/guardian of
Name of Parent/Guardian

_____
Student Name

give permission to travel with the American Montessori Academy for away games.

At the time of the trip, I may be reached at (_____)_____

MEDICAL CONSENT: I/We hereby authorize Academy staff or designee in attendance at the Academy field trip to select, secure and consent to necessary medical attention for my child resulting from injury, illness, or accident requiring medical care while I/we are not in attendance.

RELEASE OF LIABILITY: It is my understanding that the Academy has taken every precaution to safeguard my child. I/We release and agree to hold the Academy, its Board members, staff, volunteers, and agents harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this field trip.

INDEMNIFICATION: I/We also agree to defend, indemnify, and hold harmless the Academy, its Board members, staff, volunteers and agents from and against any such claims, demands, suits, damages, liability, costs, and expenses (including reasonable attorney fees) incurred as a consequence either directly or indirectly of the granting of this agreement.

_____ _____

Parent Signature Date