



Partnership Scholars Program

PARTNERSHIP SCHOLARS PROGRAM (“PSP”) ONE-DAY FIELD TRIP PERMISSION AND WAIVER AGREEMENT

In consideration for permitting _____ (“Scholar”) to participate in the trip to:

[LIST THE NAME AND LOCATION(S) OF TRIP] on _____ [LIST DATE OF TRIP] (“ Field Trip”), transportation via _____ [DESCRIBE (FOR EXAMPLE PSP MENTOR CAR OR TRAIN)] with PSP Mentor _____ [LIST MENTOR NAME(S)], the undersigned parent(s) and/or guardian(s) of the Scholar (“Parents”), on behalf of their heirs, executors, administrators and assigns, and on behalf of the Scholar, hereby agree to the following terms and conditions (“Agreement”):

- 1. Voluntary Participation:** I/We understand that the Scholar is not obligated to participate in this Field Trip, and that his or her participation is voluntary.
- 2. Acknowledgment of Nature of Trip Activities:** I/We understand and acknowledge that certain risks are inherent in travel and field trips in general and assume responsibility for any such risks associated with participation in the Field Trip. I/We understand that there are risks associated with participation in this Event, such as possible exposure to illness (e.g. COVID-19). I/We acknowledge and expressly assume all risks and dangers associated with all Field Trip activities, whether described above, known or unknown, and inherent or otherwise. I/We take full responsibility for any injury or loss, including bodily injury, personal injury, emotional distress, property damage or death, which the Scholar may suffer, arising in whole or in part from the enrollment and participation of the Scholar in the activities of the Field Trip.
- 3. Voluntary Release of All Claims:** I/We voluntarily release, discharge, waive and relinquish all claims against PSP, its trustees, officers, directors, representatives, agents, employees, and volunteers, arising out of ordinary negligence that are in any way related to or arising from the Field Trip including, but not limited to, claims for bodily injury, personal injury, emotional distress, property damage or wrongful death. This release, discharge, waiver and relinquishment also pertains to any instruction or supervision related to the Field Trip on the part of PSP, its officers, directors, trustees, employees, volunteers, representatives, and agents. This voluntary release of claims is intended to be as broad as possible consistent with applicable law, and will be enforced to the greatest extent permitted by law.
- 4. Medical Information and Care:** I/We confirm that all medical information pertaining to the Scholar on record with PSP is current and up-to-date, including information regarding medical conditions, medications and allergies. Any responsible PSP mentor, chaperone or personnel accompanying the Scholar on the Field Trip may consent to the administration of medical or dental care to the Scholar as deemed appropriate. I/We understand that it is my/our obligation to inform PSP if my/our Scholar’s medical information has changed. I/We agree to be liable for any and all costs associated with medical care.

IMPORTANT – READ ENTIRE AGREEMENT BEFORE SIGNING

I/We am/are the parent(s) and/or legal guardian(s) of the above named minor. I/We have read and understand that the Agreement involves surrendering valuable legal rights of the minor Scholar and myself/ourselves. I/We agree to be bound by all terms of this Agreement. I/We also give my/our consent to the Scholar’s participation in the Field Trip.

_____ Date	_____ Scholar Name	_____ Signature of Scholar
_____ Date	_____ Parent/Guardian Name/	_____ Signature of Parent/Guardian
_____ Date	_____ Parent/Guardian Name	_____ Signature of Parent/Guardian