

Field Trip Liability Release

Release of All Claims

Sonshine Preschool & Daycare 53 N. Main St. Derry, NH 03038

603.434.6987 <http://sonshine.tagderry.com>

In consideration for being accepted by **SONSHINE PRESCHOOL & DAYCARE / TRINITY ASSEMBLY OF GOD** for participation in field trips during the School Year.

We (I) being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless **SONSHINE PRESCHOOL & DAYCARE / TRINITY ASSEMBLY OF GOD**, its directors, employees, and agents, thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child participant that occur while the said child is participating in a field trip during the School Year 2012-2013.

Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said **SONSHINE PRESCHOOL & DAYCARE / TRINITY ASSEMBLY OF GOD** to furnish any necessary transportation, food, and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said entity, its directors, employees, and agents, for any liability sustained by said **SONSHINE PRESCHOOL & DAYCARE / TRINITY ASSEMBLY OF GOD** as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 21 years):

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for Him (her) to participate fully in field trips during the Summer Program 2012, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility for all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Child Participants Name

Parent/Gaurdian Name

Parent/Gaurdian Signiture

Parent/Gaurdian contact number during event

Date