



## PARENT PERMISSION FORM FOR FIELD TRIPS, AND TRANSPORTATION

I, the parent/guardian of the student named below, understand the nature of the trip being planned to the **UNIVERSITY OF WASHINGTON** on July 8, 2015.

Leaving at 9:30am from the Southwest Athletic Complex and RETURNING at 2:00pm from the Southwest Athletic Complex.

I understand that transportation will be provided by **First Student Bus Services**.

I hereby grant permission for our son/daughter to participate. I understand that adequate and appropriate supervision will be provided. I recognize, however, that unanticipated situations and problems can arise on any trip, **Taro Roots Foundation**-sponsored or otherwise, which situations or problems are not reasonably within the control of the supervising teacher(s) or staff (including volunteers).

I further agree to release and hold harmless the **Taro Roots Foundation, partners, co-sponsors, their agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to the participant and the costs of medical services.**

***In the event of an injury requiring medical attention, I hereby grant permission to the supervising Taro Roots Foundation staff (including volunteers) to attend to my son/daughter.*** If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given.

In addition, I hereby give my permission to Taro Roots Foundation staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located. In the event that a participant must return home independently for reasons of health, accident, failure to conform to rules established by the teacher in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

Participant First and Last Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ DATE: \_\_\_\_\_