



Email: news@prairiehillwaldorf.org

**IMPORTANT - PLEASE
READ IMMEDIATELY! Return by:**

ADULT MEDICAL RELEASE FORM

NAME: _____
(LAST) (FIRST)

Date of Birth: _____

Spouse/Partner: _____ (DATE OF LAST TETNUS SHOT)

Home Address: _____

_____ Phone ()

Spouse=s/Partner=s Place of Work: _____ Phone ()

Family Dentist: _____ Phone ()

Family Physician: _____ Phone ()

EMERGENCY CONTACT IF SPOUSE/PARTNER CAN NOT BE REACHED:

Name: _____ Relationship: _____ Phone ()

SPECIAL MEDICATIONS: _____

ALLERGIES: YES NO If yes, PLEASE EXPLAIN: (include foods, medicines, and environmental)

NAME OF INSURANCE: _____ **POLICY #** _____

Special Instructions: _____

The representatives of Prairie Hill Waldorf School have my permission to summon an ambulance and/or have me treated at any emergency facility during this field trip to _____ on

(Dates) (Field Trip Destination)

Signature

Date signed

PLEASE READ AND SIGN REVERSE SIDE!

PRAIRIE HILL WALDORF SCHOOL

RELEASE OF LIABILITY AGREEMENT for Chaperones

I acknowledge that I have voluntarily chosen to participate in the _____ Field Trip
Program sponsored by Prairie Hill Waldorf School to
_____ on _____.

I have been informed as to the nature and extent of activities included in this trip and understand the dangers involved.

I, the undersigned do hereby release and waive and further agree to indemnify, and hold harmless Prairie Hill Waldorf School, Board of Trustees, individual board members, agents, employees, representatives of the school, athletic supervisors and coaches, and parent volunteers from and against any and all claims, actions, rights, losses, damages, costs or compensation (whether for injuries, death, property damage or otherwise known, unknown, foreseen or unforeseen) which I, my assignees, heirs, distributees, guardians, and legal representatives and any other parent or guardian, any sibling, the student, or any other person, firm or corporation now has or may hereafter have in law or equity on account of or growing out of any act or omission or negligence occurring during or in connection with the student participating in the aforementioned Field Trip Program sponsored by Prairie Hill Waldorf School.

This release does not waive liability for intentional or reckless acts.

Participants have the option to talk with the teacher regarding the trip plans and to the Business Manager regarding the terms of this agreement.

I, THE UNDERSIGNED, HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND IT'S CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND ASSUME ALL THE RISKS INHERENT IN PARTICIPATING IN THIS PRAIRIE HILL WALDORF SCHOOL FIELD TRIP PROGRAM. I UNDERSTAND THIS IS A CONTRACT BETWEEN MYSELF AND PRAIRIE HILL WALDORF SCHOOL AND/OR IT'S AFFILIATED ORGANIZATIONS AND SIGN IT OF MY OWN FREE WILL.

Signature

Dated: _____