FIELD TRIP PERMISSION FORM

_______________________________ has my permission to participate in a field trip to
(student’s name)

_______________________________ on ____________________.
(location of field trip) (date)

Please check and complete one of the following:

1.) _____ My child will transport him/herself.
2.) _____ I will transport my child and the following students:

________________________________________________________________
(names of students other than your own that will ride with you)

3.) _____ My child will go with: ______________________________________
(name of adult/student driver)

Waiver of Claims and Medical Authorization

Should it be necessary for my child(ren)/me to have medical treatment while
participating on this field trip, I hereby give Washington Japanese Heritage Center -
Keisho Center (hereafter “WJHC”) personnel permission to use their judgment in
obtaining medical services and I give permission to the physician selected by WJHC
personnel to render medical treatment deemed necessary and appropriate by the
physician. I understand that WJHC has no insurance covering such medical or hospital
costs incurred, and, therefore, any costs incurred for such treatment shall be my sole
responsibility.

All persons participating on this field trip are deemed to have waived all claims against
WJHC and its employees and Board of Directors for injury, accident, illness, or death
occurring or by reason of this field trip.

I have read and understand the above statement and agree to assume the responsibility
stated and waive all claims.

________________________________________  ___________________
Signature of parent/guardian/adult student       Date

Rev. 4/2018