



*Permission to Attend Field Trip
And Acknowledgement of Risk and Consent for Treatment for Minor Trip Participants*

Student Name: _____

Section 1 (To be completed by field trip leader)

Class/Grade: 12th grade

Field Trip: Senior Retreat

Sponsor: Dr. Troy Knechtel

Destination: Holston Camp and Retreat Center (6993 Hickory Nut Gap Road, Banner Elk NC 28604)

Date(s) and Time: Wednesday, May 30, from 8:30 am to 5:30 pm

Fees/Equipment/Supplies to be provided:

- By participant: A beach towel, sunscreen, bug spray and a swimsuit if you want to swim. Closed-toe shoes required for some activities. Money, if you want to purchase something from the Camp Store.
- By field trip leader: Snacks, drinks, and lunch. Transportation via school bus.
- Physical Activity to be undertaken include: Hiking, tree house, mountain slide, basketball, volleyball, soccer, horseshoes, bocci, mountain bikes, zip line and Wildcat Lake includes canoes, kayaks, paddle boards and beach.
- Risks inherent in this field trip include: those associated with being outdoors and the above mentioned activities.
(Camp professionals, including lifeguards, will be on premises and supporting the event.)

Section 2 (To be completed by parent/guardian of minor field trip participant)

I acknowledge that there are certain risks inherent in field trips, including but not limited to those indicated in Section 1, and that all risks cannot be prevented. I represent that my minor child is physically able, with or without accommodation, to participate in this field trip, is able to use the equipment and/or supplies described above, and has obtained the required immunizations.

Should my minor child require emergency medical treatment as a result of accident or illness arising during the field trip, I consent to such treatment. I acknowledge that University School does not provide health and accident insurance for field trip participants and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify the trip leader in writing in my minor child has medical conditions about such emergency medical personnel should be informed.

The medical condition is _____

Parents and students must recognize that all policies of University School are in effect during the trip just as if the students were in the classroom.

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Alternate Emergency Contact Name/Number: _____

Signature of Parent/Guardian

Date