

**AGREEMENT  
RELEASE, HOLD HARMLESS, AND MEDICAL AUTHORIZATION**

We (I) as parent and/or legal guardians of \_\_\_\_\_, \_\_\_\_\_  
(Child's Name) (Age)  
hereby give our (my) permission for our (my) child to participate in the following field trip/planned activity:

\_\_\_\_\_ related to and sponsored by \_\_\_\_\_. We (I) further agree to  
(Sponsor)

release and hold harmless Sponsor, its officers, directors, agents, and employees from and against any claims, actions or causes of action whatsoever for property damages or personal injuries of any nature whatsoever arising out of or related to our (my) child's participation in this field trip/planned activity. We (I) understand that transportation for this field trip/planned activities may be in a vehicle owned or leased by Christ Church Episcopal School, or a vehicle owned or leased by a volunteer and give our (my) express agreement for my child to ride in the vehicle for this field trips/planned activity. In event of an emergency, we (I) hereby authorize Sponsor's agent or administrators to take necessary steps to obtain emergency medical care including but not limited to the following: (1) attempting to contact us (me) at the telephone numbers provided below or to contact such other persons as may be designated as an emergency contact on this agreement; (2) attempting to contact any physician designated on this agreement; (3) if such contact cannot be reasonably made, and/or if deemed necessary, Sponsor's agent or administrator is authorized to proceed to procure emergency medical services, including execution of any and all documents, including medical releases, as may be required by any licensed medical facility of physician to perform necessary emergency care on our (my) behalf.

**Alternate Emergency Contact:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

**Emergency Physician Contact:**

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_ Policy No: \_\_\_\_\_

We (I) certify that \_\_\_\_\_ is, to the best of our (my) knowledge, in good physical health and that any special dietary, allergic or other medically related needs of which we (I) are aware are noted as follows:

\_\_\_\_\_  
\_\_\_\_\_

We (I) acknowledge that we (I) have read and understand this Agreement and that any related medical expenses are our (my) responsibility.

\_\_\_\_\_  
Parent/Guardian Name Date Office Telephone

\_\_\_\_\_  
Cell Phone or Home Telephone

\_\_\_\_\_  
Parent/Guardian Name Date Office Telephone

\_\_\_\_\_  
Cell Phone or Home Telephone