



Agreement for Child to Participate in Preschool Field Trips, Use of Equipment and Photo Permission

I give permission for my child to participate in field trips in an authorized vehicle with Christ Chapel Academy Preschool Program. Although the center desires to provide a safe and enjoyable time for all students, accidents still happen. I/we assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless against Christ Chapel Academy, its affiliated organizations, employees, and agents, representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims to intentional (criminal) misconduct or gross negligence by the center, its employees or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the center can assume no financial liability beyond its actual liability insurance policy in force.

I understand I will be informed of all planned field trips. I may withdraw my permission for a specific trip if I so desire. I understand alternate care is not provided in the event my child does not participate in the field trip. I understand that all fees are non-refundable.

I grant permission for my child to participate in the activities and in the use of the equipment at the center.

Mother/Guardian Signature _____ Date _____

Father/Guardian Signature _____ Date _____

I hereby consent to the use of photographs/videotape taken during the course of the contract year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). The child's name will not be associated with any photograph or video on the website. I do this with full knowledge and consent and waive all claims for compensation for use, or for damages

Mother/Guardian Signature _____ Date _____

Father/Guardian Signature _____ Date _____

I authorize Christ Chapel Academy to call an emergency ambulance in case of an accident or an acute illness and to arrange for any necessary emergency medical and/or surgical care in case I may not be immediately available. Any qualified physician called by Christ Chapel Academy may treat and do whatever is necessary for the health and well-being of my child. I/we agree to accept responsibility for the cost of any medical services. A conscientious effort will be made to notify me before such effort is taken.

Child's Name: _____

Home Phone: _____ Cell Phone: _____ Emergency: _____

Insurance Carrier: _____ Policy #: _____

Insured Member's Name: _____

Mother/Guardian Signature _____ Date _____

Father/Guardian Signature _____ Date _____



"I appeal to you brothers and sisters, in the name of our Lord Jesus Christ, that all of you agree with one another in what you say and that there be no divisions among you, but that you be perfectly united in mind and thought." Corinthians 1:10