

**REDEEMER LUTHERAN SCHOOL
115 Wayzata Blvd. W.
Wayzata, MN 55391**

FIELD TRIP EVENTS DISCLAIMER FORM 2010-2011

I the undersigned herewith:

1. Request to have my child participate in Redeemer Lutheran School, Wayzata, field trip events during the school year.
2. State that to the best of my knowledge my child is physically in good health.
3. Have adequate insurance or in event that my child is injured, I will be responsible for all expenses incurred.

I, the parent/guardian of the student named below, consent to participation by the student in Redeemer Lutheran School, Wayzata, field trip events, including transportation to and from these activities and assume the risks of injury arising from such participation. I recognize that Redeemer Lutheran Church and School does not carry health or accident insurance or other insurance for medical and hospitalization expenses arising from such injuries. I hereby indemnify and hold Redeemer Lutheran Church and School harmless for any claim of liability for injuries to our child arising from participation in the Redeemer field trip events. This includes organizers, sponsors, supervisors, participants, and persons transporting any student named below. This consent is given for each child named below:

Pupil's Name _____	Grade Level _____
_____	_____
_____	_____
_____	_____

Name of Parent/Guardian (**PLEASE PRINT**)

Signature of Parent/Guardian

Date

MEDICAL RELEASE:

In case of the need for immediate medical treatment, I request the staff or other supervisors of Redeemer Lutheran School contact me before the child is taken to the doctor, hospital, or other emergency care facility. If I am not available, I authorize the staff or other supervisors of Redeemer Lutheran School to take my child to the nearest medical facility (consent given for each child named above).

Name of Parent/Guardian (**PLEASE PRINT**)

Phone #

Signature of Parent/Guardian

Date