

## ONE DAY A/O OVERNIGHT FIELD TRIP PERMISSION FORM

Check those that apply:		
🗆 Overnight Trip 🛛 One Day Trip		
	(	)
MEMBER'S NAME	TELEPHONE	
PARENT/GUARDIAN'S NAME		
I, parent or legal guardian of		, a minor child/youth, in
consideration of said child/youth being permitted to pa	rticipate in	
	on	
organized by	here	by agree as follows:
1. I and said child/youth have been provided and rules for said trip.	understand the schedu	le, itinerary and
2. I understand that said child/youth is to abide b Conduct and that if said child/youth violates an during this field trip that is otherwise unaccept participate in this or in any further trip activities	ny of these rules or den able to 4-H, he/she wil	nonstrates conduct
3. I give permission for the above named child/yo events on this trip with the assistance of a scree	ened volunteer(s). I unc	lerstand there are

- unforeseeable hazards in any activity and accept all responsibility for any injuries incurred or inflicted upon my child/ward. I release and hold harmless 4-H, the University of Massachusetts and any of its authorized personnel involved in any way with this trip in which my child/ward is participating. I agree that except in the event of willful neglect or willful injury inflicted by 4-H staff or a volunteer, I will bring no claims, demands or litigation against any of the above, for any economic or non-economic loss due to bodily injury, death or property damage as sustained or caused by my child/ward arising from or in relation to participation in this trip.
- 4. I hereby give my permission for the above named child/youth to participate in the above named activity. I have read the information contained herein, have provided any required information, completed and signed 1.) a Participant Health Form,2.) a Permission and Liability Form and 3.) a Member Code of Conduct. In case of emergency, I hereby give my consent for necessary examination and treatment as prescribed by an attending physician.

MEMBER'S SIGNATURE	DATE
PARENT/GUARDIAN'S SIGNATURE (In case of joint custody, both parents' signatures required.)	DATE
Received by: ENROLLED 4-H VOLUNTEER A/O 4-H EXTENSION EDUCATOR	DATE

WHITE: 4-H EXTENSION EDUCATOR COPY YELLOW: LEADER COPY PINK: PARTICIPANT COPY

United States Department of Agriculture cooperating. University of Massachusetts Extension offers equal opportunity in programs and employment. 4H-1660:Fall'03