

**Highlands Latin School
Off Premise/Overnight Trip Waiver**

Please sign and return to Highlands Latin School.

RISK FACTORS: The undersigned understands and accepts all risks involved in the activity and releases the parents, employees, volunteers, and agents of Highlands Latin School and Memoria Press and agrees not to sue them on account of or in conjunction with any injuries arising out of the activity, including but not limited to unknown future claims and injury resulting from the unavailability of emergency care.

MEDICAL RESPONSIBILITIES. It is the responsibility of the parent and child to avoid allergens and to treat reactions. HLS does not regulate student contact with possible allergens nor is HLS prepared to administer medical care for any condition or injury occurring during the activity.

CONSENT AND RELEASE ON BEHALF OF MINOR

I am the parent and/or legal guardian of: _____ (list each child)

I have read, understand, and agree to be bound by the terms of this agreement. I give my consent for the minor to participate in the activity.

Signature of both Parents/Guardians required:

Name: _____ Date: _____

Name: _____ Date: _____

Highlands Latin School Emergency Contact Information

STUDENT NAME(S) and GRADE(S): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

FATHER	MOTHER
HOME PHONE: _____	HOME PHONE: _____
CELL PHONE: _____	CELL PHONE: _____
WORK PHONE: _____	WORK PHONE: _____