

**ZION CHRISTIAN SCHOOL
CONSENT AND RELEASE FORM FOR
Field Trips For 20 _____**

I, the undersigned parent or guardian, hereby consent to my child, _____, who is _____ years of age, attending Zion Christian Schools, and participating in the activities connected with school field trips, which includes activities on Lighthouse Baptist Church grounds or in the building, and the time to, at, and from parks, lakes, ponds, museums, zoos, amusement parks, theatrical plays, theaters, stores, malls, restaurants, farms, orchards, libraries, fairs, factories, businesses, police department, post office, and facilities necessary for educational information trips, special recreation or rewards, playgrounds, special events. I certify that my child is able to participate in these activities unless otherwise indicated. If my child has medical conditions, which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached within a reasonable period of time, I hereby authorize the school principal, class teacher, or participating nurse or paramedic, to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have listed them below. **I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO.**

I do hereby agree to hold Lighthouse Baptist Church and Zion Christian School and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Illinois and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital. I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement, which I have read and understand.

Mother/ Legal Guardian Signature and Date

Father/ Legal Guardian Signature and Date

Medical Conditions to Be Aware of:

Physical Restrictions:

Instructions and Medications:

Date of last Tetanus or Booster: _____

I Do Not Wish My Child To Participate In The Following:

Parent or Guardian Parent of Guardian:

_____ Date

Telephone Numbers Where I May Be Reached In an Emergency:

Please attach a copy of your insurance card.