

**Maria Montessori Academy Junior High  
Field Experience on October 23, 2015  
at Beus Pond Park**

4240 Country Hills Dr  
Ogden, Utah 84403

The lead instructor is Ms Fallon 812-219-6199 [ffarokhi@mariamontessoriacademy.org](mailto:ffarokhi@mariamontessoriacademy.org)

The junior high will be spending their field day at Beus Pond Park! There are lots of shady areas and grassy areas for plenty of games and team sports. Students can also walk out on the dock and cross the streams on footbridges. They can relax and watch the birds, geese, and ducks in the serene environment. We will have a picnic lunch with a grill available for anyone who wants to barbeque.

**What you will be doing**

- Using teamwork
- Playing outdoor games
- Exploring nature

**What you will need to wear or bring**

- Comfortable, modest clothing
- Water bottle & sack lunch (if you want to grill something there is a bbq there!)
- Boots or shoes that can get dirty
- Hat/bandana/visor/sunglasses
- Sunblock
- Outdoor games: Frisbee, croquet, bocce ball, baseball, soccer, etc.

**Our Schedule—Peer Mentors only go in the morning OR afternoon.  
See below for transportation details**

- 9 a.m. – Guardians drop students off at Beus Pond Park
- 9 – 11 a.m. –Students play team games and explore the park
- 11:00 Cook and eat lunches
- 12-2 p.m. Continue games and park exploration
- 2 - 2:30 Guardians pick up students at Beus Pond Park



**FIELD TRIP  
PARENTAL PERMISSION**  
Maria Montessori Academy

**Date: April 15, 2016**

Dear Parent or Guardian:

The Junior High is taking students on a field trip to **Beus Pond Park** on **Friday, May 20, 2016** to have their field day. The students will be dropped off at the park at 9 a.m. and be picked up between 2 and 2:30 p.m. The students will be transported by parents.

I give my permission to have my child, identified below, participate in this event. I furthermore agree to release Maria Montessori Academy and its employees, agents, and volunteers from any and all liability, claims, demands, breach of warranty, negligence, actions, and causes of action whatsoever for any loss, claim damage, injury, illness, attorney's fees or harm of any kind or nature arising out of my child's participation in the field trip. This release extends to any claim made by parents or guardians or their assigns arising from or in any way connected with the aforementioned activities.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

### Informed Consent and Waiver and Release

Injury may result from your participation in the **Beus Pond Park (Activity)**. You are expected to familiarize yourself with the activity, what is required, and the rules of conduct for the activity. You are expected to wear appropriate safety equipment and follow proper operating procedures, including safety procedures as outlined by the coordinator, plus any directions given by an authorized person.

I, \_\_\_\_\_, acknowledge that I have familiarized myself with the activity and what is required, wear appropriate safety equipment, including a helmet, will follow the rules of conduct, will follow the operating procedures, and will follow any directions given by and authorized person.

\_\_\_\_\_  
**(Signature of Participant)**

The undersigned, the legal guardian of the above identified participant, in consideration of participant's participation in the activity do hereby agree to this waiver and release.

I recognize that participation in the activity may involve moderate to strenuous physical activity and may cause physical and/or emotional distress to participants. There may also be associated health risks. I state that participant is free from any known heart, respiratory or other health problems that could prevent participant from safely participating in any of the activities.

I certify that I have medical insurance or otherwise agree to be personally responsible for the costs of any emergency or other medical care that participant receive. I agree to release the School, the State of Utah, the sponsor of the activity and their agencies, departments, officers, employees, agents, and volunteers from the cost of any medical care that participant receives as a result of participation in the activity.

I further agree to release the School, the State of Utah, the sponsor of the activity, and their agencies, departments, officers, employees, agents, and volunteers from any and all liability, claims, demands, breach of warranty, negligence, actions, and causes of actions whatsoever for any loss, claim, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of participant's participation in the activity. This release extends to any claim made by parents or guardians or their assigns arising from or in any way connected with the aforementioned activities.

### Consent

Consent is expressly given, in the event of injury, for any emergency aid, anesthesia and/or operation, if in the opinion of the attending physician, such treatment is necessary.

I have carefully read and understand the contents of the foregoing language, and I specifically intend it to cover participant's participation in the above-referenced activity.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

## Liability Release, Waiver, Discharge and Covenant Not To Sue

This Liability Release, Waiver, Discharge and Covenant not to Sue, (hereinafter referred to as "Release"), executed by \_\_\_\_\_ (your name), parent/guardian of \_\_\_\_\_ (student's name), to Maria Montessori Academy, (hereinafter referred to as "MMA"), North Ogden, Utah.

### For the following:

Field Trip Activity: Beus Pond Park Field Day

Location of Activity: 4240 Country Hills Dr. Ogden, Utah 84403

Date of Activity: Fri. May 20, 2016

Transportation via:  Walking  Commercial Bus  Private Vehicles

Description of Activity: Students will have their field day at the park with outdoor field games and sports.

*If additional description is needed please attach to this form*

As a parent of a student of MMA I desire my child to participate in the field trip listed above, and I fully understand the dangers, hazards, and risks inherent in the activity, in the transportation to and from the Activity including, but not limited to, automobile accidents, theft of personal property. I further understand and expressly acknowledge that my child's participation in the activity is not required by MMA and that it is voluntary and my own decision. I further understand and acknowledge that if my child travels to the activity in a personal vehicle owned or rented by the driver, that MMA will not insure such private vehicle nor will it insure commercial vehicles, and that the owner and/or driver shall be responsible for providing automobile insurance which adequately, and in conformance with the law, covers the occupants, including passengers.

1.0 I acknowledge that my child is expected to conduct him/herself responsibly throughout the activity and will conform to the laws of the State of Utah and policies of MMA, including but not limited to any such laws or policies pertaining to alcohol consumption and/or drug use, etc.

2.0 Knowing the potential dangers, hazards, and risks of such activities, and in consideration of permitting my child to participate in the activity, on behalf of myself, my family, heirs and personal representatives, I, the undersigned, are to assume all risks inherent in the activity, the transportation, and in any independent activities undertaken as an adjunct hereto, and in advance release, waive, and forever discharge, and covenant not to sue MMA, its governing board, officers, agents, employees (hereinafter collectively referred to as "releases"), from and against any and all liability for any harm, injury, damage, claims, demands, actions,

cause of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to, suffering and death, that may be sustained by my child or by any property belonging to my child, whether caused upon, or in transit to or from the premises where the activity, or any adjunct to the activity occurs, or is being conducted.

3.0 I understand and agree that Releasees do not have medical personnel available at the location of the activity. I agree and hereby grant Releasees permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this document. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

4.0 In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the foregoing by reading it before I sign it, and I understand that I sign this Release as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I understand that MMA does not require my child to participate in the Activity, but I want my child to do so, despite the possible risks and despite this Release. I further state that I am at least eighteen (18) years of age and fully competent to sign this Release; and that I execute this Release for full, adequate and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict my child's participation in the Activity, and that I have adequate health insurance to provide for and pay any medical costs that may be attendant as a result of injury to my child.

5.0 I further agree that this Release shall be construed in accordance with the laws of the State of Utah. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any governing law, the validity of the remaining portions shall not be affected thereby.

I have executed this Release this \_\_\_\_\_ Day of \_\_\_\_\_, 2016.

**THIS IS A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND BEFORE SIGNING.**  
PARENT/GUARDIAN OF PARTICIPANT

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)