Informed Consent

Maria Montessori Academy
Mr. Casey's Weightlifting Class

> This is an Informed Consent Form for Minors, which identifies risks of participating in the Maria Montessori Academy Field Trips, and a Consent for parents/guardians.

Mr. Casey's weightlifting class will be attending Snap Fitness (NORTH OGDEN 2331 North, Washington Blvd., North Ogden, UT 84414) multiple times during the 2017-2018 school year. Please take a moment to initial the date that you would like your student to attend Snap Fitness. Further information regarding specific fieldtrips will become available as the date draws nearer. If you later decide you do not wish your student to attend class on specific dates, it is your responsibility to inform the school and your student's teacher.

_____   August 28th, 30th

_____   September 1st, 6th, 8th, 12th, 14th

_____   October 2nd, 4th, 6th, 10th, 12th, 16th, 18th, 24th, 26th, 30th

_____   November 1st, 3rd, 7th, 9th, 11th, 13th, 15th, 17th

_____   December 4th, 6th, 8th, 12th, 14th, 18th, 20th

Injury may result from a student's participation in this activity, which involves traveling by foot on sidewalks along public roadways and intersections. Students are expected to familiarize themselves with the activity and what is required, including rules of conduct for the activity. Students are expected to follow proper operating procedures including safety procedures as outlined by the activity supervisors, plus any directions given by an authorized school employee.

Student Consent

I, _____, acknowledge that I have familiarized myself with what is required to participate in the activities, will follow the rules of conduct, will follow the operating procedures, and will follow any directions given by an authorized school representative.

_____

(Signature of student)

Parental Consent

The undersigned, the legal guardian of _____ (hereinafter "student"), a student at Maria Montessori Academy under eighteen years of age, in consideration of student's participation in each of the school's junior high library days, do hereby agree to this consent.

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

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 student's participation in this activity for each of the scheduled days.

Name_____**Date**_____

Signature_____

(Parent or legal guardian signature)