**Sathya Sai International Organisation, (SSIO) Canada**

FIELD TRIP

Parental/Guardian Consent and Waiver Form

Sri Sathya Sai Baba Centre of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child/Participant’s Name: Birth Date:

Parent/Guardian’s Name:

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: Work Phone:

E-Mail: Cell Phone:

Emergency Contact:

Relationship to Child: Phone: \_\_\_\_\_\_

Authorization and Consent:

 I give permission for my child, (Child’s Name) , to leave the premises of the Sri Sathya Sai Baba Centre of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate on \_\_\_\_\_\_ in the centre-sponsored activity/event of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 I agree that my child may be transported to trip sites by school bus, public transit, or by walking. I understand that my child will be escorted and supervised by teachers, chaperons, volunteers, or representatives from the Sri Sathya Sai Baba Centre of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ while participating in this activity/event.

Medical Matters:

 To the best of my knowledge, my child is physically fit and able to engage in this activity/event.

 If my child is taking any medication, I understand that the Sri Sathya Sai Baba Centre of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will not be responsible for administering such medication, and that I will be required to make any necessary arrangements for the administering of such medication.

Emergency Medical Treatment:

 In the event of any accident or illness affecting my child, I hereby consent to any necessary first aid or emergency medical treatment being given or provided to my child, and give permission to the Sri Sathya Sai Baba Centre of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to authorize, on my behalf, all procedures, including admission to hospital and any necessary treatment therein deemed essential for the care and wellbeing of my child, and to provide or arrange for any transportation of my child as may be required. Such action is only to be taken when immediate authorization from the undersigned or the emergency contact cannot be obtained. It is understood that the Sri Sathya Sai Baba Centre of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is not responsible for any medical care costs.

Family Physician: Phone:

Medical Insurance Provider:

Policy #: Health Card #: \_\_\_\_\_\_

Special Needs, Medical Conditions or Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Waiver of Liability and Indemnity:**

 In consideration of my child being permitted to participate in this activity/event, I hereby waive any and all claims I may have against, and release from all liability and agree not to sue the Sathya Sai International Organisation (SSIO) Canada, its officers, directors, and agents, and the Sri Sathya Sai Baba Centre of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, its teachers, chaperons, volunteers, or representatives, for any personal injury, property damage or loss which is in any way connected or related to my child’s participation in this activity/event. I am providing this waiver on behalf of my child and on behalf of my spouse and any other family members or other persons who might be entitled to assert such a claim as well as on my own behalf.

 I hereby agree to indemnify and hold harmless the Sathya Sai International Organisation (SSIO) Canada, its officers, directors, and agents, and the Sri Sathya Sai Baba Centre of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, its teachers, chaperons, volunteers, or representatives, from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with, my child’s participation in this activity/event.

Signature of Parent or Legal Guardian: \_\_\_\_\_

Date: