



*Imani Christian Academy*

# FIELD TRIP

## *Parental/Guardian Consent Form and Liability Waiver*

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

Parent/Guardian's Name: \_\_\_\_\_

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

Home Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian's email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

By signing this form, you are giving permission for your child to attend the various field trips throughout the 2019 - 2020 school year. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant. I agree on behalf of myself, my child named herein, our heirs, successors and assigns, to hold harmless and Imani Christian Academy, its board, administrators and agents, staff, chaperones, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith.

\_\_\_\_\_  
(Parent/Guardian Signature)

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

**\*\*\*Please return completed document to Ms. Hunter in Main Office \*\*\***