

Field Trip Permission Slip and Liability Waiver

Your participant has the option of attending a field trip off campus during his/her time attending programs at Via Services. We will be providing the transportation for this trip, and our vehicles are wheelchair accessible. We will be sending nurses, administering medications, and maintaining appropriate staffing ratios. There will be a member of the administrative staff who will communicate directly with parents/guardians if needed. If you do not wish for your participant to attend the field trip, there will be alternative programming available on campus.

Participant Name:	\square MAY / \square MAY NOT attend the field trips.
Parent/Guardian Name:	
Phone Number:	Email:
W	AIVER OF LIABILITY
hazards or dangers, which could result in or lead to physicisks cannot be eliminated without jeopardizing the ess Rehabilitation Services (the "Organization") is not resp EXPRESSLY AGREE AND PROMISE TO ACCEPT AND ASSUIT	rticipation on this field trip entails known, unknown, and unanticipated risks, cal or emotional injury, illness, death or disability. I/we understand that such ential qualities of the field trip. I/we understand and acknowledge that Via onsible for my/my participant's safety or for eliminating these risks. I/WE ME ALL OF THE RISKS THAT EXIST IN THIS ACTIVITY, INCLUDING ALL RISKS OF ARTICIPANT'S PROPERTY. My/my participant's participation in this activity is cipate in spite of the risks.
illnesses, accidents or other damages that occur to me/m	vices is not responsible or liable, financially or otherwise, for any injuries, y participant while I/my participant attend(s) the field trip, including any such n in any programs and activities at the field trip location, or as may be caused
held responsible or liable for loss, damage, neglect, mi	are of my/my participant's property. Via Rehabilitation Services shall not be isplacement or theft of my/my participant's property, regardless of how it ices is not responsible or liable for any items I/my participant bring(s) to, use,
I/WE AGREE THAT I/WE, AND ON BEHALF OF MY/MY PARTICIPANT'S SUCCESSORS, ASSIGNS, HEIRS, INSURERS, AGENTS, GUARDIANS AND LEGAL REPRESENTATIVES, HEREBY RELEASE VIA REHABILITATION SERVICES FROM, AND AGREE NOT TO SUE THE ORGANIZATION FOR, ANY RIGHTS, ACTIONS, CAUSES OF ACTION, LIABILITY, CLAIM, SUIT, OR EXPENSE IN ANY WAY ASSOCIATED WITH, ARISING FROM OR ARISING OUT OF, MY/MY PARTICIPANT'S PARTICIPATION ON A FIELD TRIP, OR MY/MY PARTICIPANT'S USE OF EQUIPMENT OR THE FACILITIES AT THE FIELD TRIP LOCATION, INCLUDING WITHOUT LIMITATION, THOSE ARISING OUT OF INJURY TO ME/MY PARTICIPANT OR MY/MY PARTICIPANT'S DEATH, OR LOSS OF USE OR DAMAGE TO MY/MY PARTICIPANT'S PROPERTY. Neither I nor anyone acting on my behalf will make a claim against Via Rehabilitation Services as a result of any loss, injury, damage or death suffered by me/my participant. This release of liability includes any and all losses caused or alleged to be caused in whole or in part by the negligence of any Organization personnel to the fullest extent permitted by law.	
UNDERSTAND ITS CONTENTS. I AM/WE ARE AWARE TH	ILLY READ THIS AGREEMENT, AND THAT I AM/WE ARE FAMILIAR WITH AND HAT THIS IS A RELEASE OF ALL LIABILITY AND A PROMISE NOT TO SUE VIA EMENT OF MY/OUR OWN FREE WILL. I FURTHER UNDERSTAND THAT MY I WRITING.
Parent/Guardian Signature	Date
Parent/Guardian Print Name	