



Standard Excursion Form

Grade Level(s): _____

Number of Students: _____

Name and Description of Outing:

Cost: _____

Supervisory Teacher(s):

Address of Venue:

Telephone Number(s):

Method of Transportation Arranged:

Booster Seats Required: Yes () No ()

Food Requirements (Lunch):

Other Funds:

There is a **gift shop** on the premises that students will want to visit.

Neither Northmount nor its faculty is at any time responsible for a student's money. Should they loose it we are not liable.

Weather Considerations:

Additional Gear or Supplies:

Clothing: () Casual () Uniform #1 () Uniform #2
() P.H. E () Change of Clothes

RETURN WITH PAYMENT

I _____ hereby give my son(s) _____,

_____ to attend the aforementioned

Described outing and I have read and understood all of the requirements asked of

By the coordinating faculty. (Please See Reverse: Elements of Risk)

Please return this form to Northmount no later than _____.

ELEMENTS OF RISK

The choice to participate in the excursion brings with it the assumption of risks and results which are part of the activity. In particular, the nature and location of some excursions are such that hospital and medical support are not readily available. Northmount School does not provide any accidental death, disability, dismemberment or medical expense insurance on behalf of its students. Participants must assume these risks. Students are urged to have Student Accident Insurance.

I/We hereby release, hold harmless and forever discharge the School and its officers, employees, servants and agents, from any and all actions, cause of action, claims and demands for damages, indemnity, costs, interest, loss or injury of every nature and kind whatsoever and howsoever which I/We have had, may now have or may hereafter have, in any way arising from my/our participation in the above excursion related activities. I/We declare having read and understood the above informed consent agreement in its entirety and hereby consent to participate in the above excursion acknowledging and agreeing to all of the foregoing. **I give the supervisor permission to seek/authorize medical help if my child requires it**

Date: _____

Signature of Student

Printed Name of Student

Signature of Parent or Guardian

Printed Name of Parent or Guardian