

# School Sponsored Program Event

**STUDENT NAME:**

**YOUR CHILD WILL BE ATTENDING A  
SCHOOL SPONSORED EVENT TO :**

Date of Event		Time	
Location			
Cost			
Transportation: _____ I request that my daughter ride as a passenger in a bus contracted by AHN. _____ I understand that transportation <u>will not</u> be provided.			

## RELINQUISH CLAIM AGAINST SCHOOL

I/WE RECOGNIZE AND ACKNOWLEDGE THAT THERE ARE SOME RISKS IN MY CHILD'S PRESENCE AND PARTICIPATION IN THE AHN SPONSORED PROGRAM. I AGREE TO INDEMNIFY, HOLD HARMLESS, WAIVE AND RELINQUISH ALL CLAIMS I MAY HAVE AGAINST AHN INCLUDING ANY NEGLIGENCE CLAIMS ON THEIR PART AND ITS OFFICERS, AGENTS, EMPLOYEE, REPRESENTATIVES OR VOLUNTEERS ARISING OUT OF, IN CONNECTION WITH THE TRANSPORTATION TO AND/OR FROM THE EVENT, OR ANY ACTIVITY MY CHILD PARTICIPATES IN WHILE ATTENDING THE AHN SPONSORED PROGRAM.

I give permission for my child to attend the field trip to: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Enclosed is \$ \_\_\_\_\_ to cover the cost of the trip. (Exact cash or check made payable to AHN.)

IN CASE OF AN EMERGENCY, I GIVE PERMISSION FOR MY CHILD TO RECEIVE MEDICAL TREATMENT. IN CASE OF SUCH AN EMERGENCY, PLEASE CONTACT:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/  
Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_