

**First Unitarian Universalist Church of Nashville (FUUN)
Field Trip Permission Slip**

Date of trip:	
Destination:	
Departure Time:	
Return Time:	
Adult Chaperones:	
Emergency Contact #:	
What to wear / bring:	
Other Information:	

Parents/guardians retain top portion

Chaperones take bottom portion – with Emergency Contact and Medical Information form – on trip

I hereby give permission for my child, _____, to go on the FUUN-sponsored field trip to _____ on _____ (_____ overnights). I acknowledge that by participating in this field trip, my child may be involved in activities including but not limited to riding in a motor vehicle (drivers will all be 18+ years of age,) the preparation and consumption of food and involving the use of tools, fire, and other materials and objects. I further acknowledge that by participating in this field trip, my child may become involved in recreational and sporting activities including but not limited to hiking, climbing, swimming, rafting, playing on playground structures, and outdoor games. Accordingly, I acknowledge that participation in this field trip involves certain dangers and risks, and may expose my child to hazards of bodily injury, property damage, or death. In recognition of these risks and realities and in consideration of my child being offered the opportunity to participate in and benefit from this field trip, I agree on behalf of myself and my child to release, waive and disclaim any and all liabilities of or claims against UUFA, its officers, board members, supervisors, agents, servants, employees and all private persons or organizations volunteering services without charge to transport, supervise or chaperon my child while participating in this field trip including, but not limited to, any or all liabilities or claims for personal injury, property damage, court costs, attorneys fees and interest, however caused or accrued, as a result of my child participating in this field trip. **In the event my child requires emergency medical attention, and I cannot be reached immediately, I give permission for any adult volunteers or FUUN employees to authorize medical attention. To that end, I have completed an Emergency Contact and Medical Information form, which I understand will accompany my child, along with this form, on the field trip.**

Parent or Legal Guardian (please print name)

Parent or Legal Guardian Signature

Date