



# Field Trip Permission Slip

(Please note: All participants must have a signed permission slip)

Child's Name: \_\_\_\_\_ Trip Date: \_\_\_\_\_ Time: \_\_\_\_\_

## Field Trip General Information

Attire: Everybody must dress for exercise and girls may wear a leotard. Participants will be barefoot during the gym time.

Gym Telephone: 262-354-0071

Gym Location: 24 S. Main St., Oconomowoc, WI 53066 (next to the Post Office)

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## Waiver

In consideration of participating in Gymlingo Academy, LLC activities, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused of my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge and covenant not to sue Gymlingo Academy LLC, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place. (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and in the future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss liability, damage, or cost, which may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

### Medical Release

I/we the parent, do hereby give our consent and permission for our son/daughter to participate in the activity designated, and do authorize Gymlingo Academy's staff to act in my/our behalf during such activity in all matters. I/we authorize any physician, surgeon, practitioner, medical institution, clinic or hospital to provide emergency or other required treatment or attention for my son/daughter in the event I can not be reached.

I have read the Waiver and hereby give my child, \_\_\_\_\_

School/Daycare \_\_\_\_\_ DOB: \_\_\_\_\_ permission to attend the field trip stated above.

Printed Name: \_\_\_\_\_ Relationship to child: Mother    Father    Guardian  
(Circle one)

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Please print your email address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(in case you can not be reached, please contact)