

## ACTIVITY PERMISSION FORM

This Informed Consent form for minors identifies the risks of participating in an American Preparatory Academy activity and is a Waiver, Release and Consent for Emergency Medical Treatment, consented to and signed by parents and/or legal guardians.

Student Name: \_\_\_\_\_

Grade K 1 2 3 4 5 6

*(circle one)*

The Activity: Field Trip to the barn at Thanksgiving Point

The Activity is a:  Regular School Event  
 Extracurricular Event

Date & Time: Tuesday, April 20th, 2021 11:00-1:30

### Waiver and Release

I request that the school allow my child to participate in The Activity provided through the American Preparatory Academy. I understand that my child  will  will not travel to other schools or locations and if traveling, will be transported in busses, ~~private vehicles driven by volunteers or staff, or by public transportation.~~

I understand the risks this activity presents to my child, including, but not limited to, serious personal injury or death. I understand that this activity may involve moderate to strenuous physical activity and may cause physical and/or emotional distress to participants. I understand there is a risk of injury and that there may be other health risks. I state that my student is free from any known heart, respiratory or other health impairment that could prevent my student from safely participating in the activity. I hereby release and agree to indemnify and hold harmless the State of Utah and the American Preparatory Academy and their agencies, departments, officers, employees, volunteers, agents, parents, representatives, sponsors or officials associated with the event, and their employees and agents, from any and all liability for injuries, damages, medical expenses, property loss or any other loss arising from, or related to my child's participation in this activity.

### Consent for Emergency Medical Treatment

I state that I have medical insurance for the student participant or otherwise agree to be personally responsible for costs incurred as a result of emergency medical care or transportation or other medical care or transportation that the student receives as a result of participation in the activity.

I understand that it is incumbent upon me as a parent/legal guardian to update my student's school records with current medical information, including updating the Annual Registration Card.

I, the undersigned, parent/legal guardian of the student, a minor, do hereby consent and appoint the agent(s) of the school, on my behalf, for the purpose of authorizing emergency medical treatment under the provisions of the Medical Practice Act should it become imminently necessary. The phone numbers below are the best ways to reach me during this activity or sporting event.

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Emergency Phone Number(s): \_\_\_\_\_