

## PARENT PERMISSION FORM AND WAIVER OF LIABILITY

For the Friends of the Wagner Ranch Nature Area (FWRNA) Sponsored **Nature Day**

Students who participate in the outdoor Nature Day at the Wagner Ranch Nature Area do so voluntarily. Students are not required to attend. Written permission and waiver of liability from the parent/guardian must be received and approved at the start of the program. **Parents are to complete this form and either email it to [fwrnatreasurer@Gmail.com](mailto:fwrnatreasurer@Gmail.com) or hand it to the FWRNA staff upon bringing their student to the Nature Area Main gate. If the form is emailed, you must get an approval email in return stating that the form has been accepted. Students will not be admitted to the program if this form has not been completed and signed.** An optional tax-deductible donation (suggested \$35+) payable to FWRNA will help defray the costs of this program for your child. We thank you in advance for your support.

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

Student's School & Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_

**ALLERGIES? Other Health Issues?** \_\_\_\_\_

Another Emergency Contact Name/phone: \_\_\_\_\_

Date of Student's Visit to the Nature Area: \_\_\_\_\_

By signing this form, I hereby give permission for my student, named above, to participate in the voluntary activity at the Wagner Ranch Nature Area.

In the event of illness or injury, I do hereby authorize the activity supervisor to consent to whatever emergency medical, surgical, or dental care is considered necessary in the best judgment of the attending physician, surgeon or dentist. I agree to pay for such medical care whether or not the costs are insured by my health insurance. I understand that an attempt will be made to contact me, by phone if possible, before such care is administered.

I understand that the participants in this Nature Day are to abide by all rules and regulations governing conduct during the activity and that any violation of these rules and regulations can result in my child being sent home at his or her and/or my expense. Pursuant to California Education Code section 35330, I hereby hold harmless and waive all claims and liability against the FWRNA, its officers, agents, employees, and volunteers for injury, accident, illness, or death occurring during or by reason of this field trip. I have read, understand, and agree to the provisions stated above.

Parent/Guardian signature: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Nature Day is conducted by The Friends of the Wagner Ranch Nature Area and is not a school district OUSD sponsored program.**